

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032041
STATE FILE NUMBER

FILED OCT 1 1958 Registration District No. 70 Primary Registration District No. 5276 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY Clark		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Clark	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Falker twnshp		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Luray
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last William Mills			4. DATE OF DEATH Month Day Year Sept 19-1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 1-1878		9. AGE (In years last birthday) 77
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Mills		13b. MOTHER'S MAIDEN NAME Helia Conway		14. NAME OF HUSBAND OR WIFE Mary Mills	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 492-34-6609		17. INFORMANT Address Mrs. Mary Mills - Luray Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE

21. I attended the deceased from 9-19-58, to 9-19-58 and last saw him alive on 9-19-58 Death occurred at 11:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE H. Channing		22b. ADDRESS Kahoka Mo		22c. DATE SIGNED 9-20-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept 22-1958	23c. NAME OF CEMETERY OR CREMATORY Harness Co.		23d. LOCATION (City, town, or county) (State) Mt. Sterling Iowa
24. FUNERAL DIRECTOR Address Olin L. Tuttle - Kahoka Mo		25. DATE RECD. BY LOCAL REG. 9/22-58		26. REGISTRAR'S SIGNATURE J. P. Bridges	

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. Do not use "etc." unless necessary. Do not use "and" unless necessary. Do not use "or" unless necessary. Do not use "in" unless necessary. Do not use "of" unless necessary. Do not use "the" unless necessary. Do not use "a" unless necessary. Do not use "an" unless necessary. Do not use "and" unless necessary. Do not use "or" unless necessary. Do not use "in" unless necessary. Do not use "of" unless necessary. Do not use "the" unless necessary. Do not use "a" unless necessary. Do not use "an" unless necessary.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Chas. J. Tuttle*

Licensed Embalmer No. *12965*

P. O. Address *Fullerton, Cal.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.