

Dr. Hogeboom

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000995

STATE FILE NUMBER

FILED FEB 9 1959

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 110

1. PLACE OF DEATH a. COUNTY GREENE			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. MISSOURI b. COUNTY GREENE		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN SPRINGFIELD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.		Length of stay in 1b 41 YRS.	d. STREET ADDRESS 1130 S. NEW		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last WILLARD FRANCIS MILLS			4. DATE OF DEATH Month Day Year JAN. 30 1959		
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 AUG. 12 1917		9. AGE (In years) 41 F UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OWNER, MILLS OPTICAL SERVICE		10b. KIND OF BUSINESS OR INDUSTRY MILLS OPTICAL SERVICE		11. BIRTHPLACE (City and state or country) SPRINGFIELD, MO.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME ARCH MILLS		13b. MOTHER'S MAIDEN NAME EVA WEAVER	
14. NAME OF HUSBAND OR WIFE MARGARET MILLS		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or no; unknown) (If yes, give war or dates of service) YES W.W. # 2		16. SOCIAL SECURITY NO. UNKNOWN	
17. INFORMANT MRS. MARGARET MILLS		Address SPRINGFIELD, 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) Bilateral Pulmonary Emboli Interval between ONSET AND DEATH 3-4 days Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Primary Squamous Cell Carcinoma Tonsil 326 1958 DUE TO (c) 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 checked="" type="checkbox"/> NO <input 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.) 1450 1			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 SPRINGFIELD, MO.		20g. COUNTY STATE	
21. I attended the deceased from April 16 - 1958, to Jan 30 - 1959 and last saw him alive on Jan 30 1959 Death occurred at 12:21 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Drows Hogeboom M.D.			22b. ADDRESS 609 Chestnut Springfield Mo		22c. DATE SIGNED Feb 2-59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 2/2/59	23c. NAME OF CEMETERY OR CREMATORY GREENLAWN		23d. LOCATION (City, town, or county) (State) SPRINGFIELD, MO.
24. FUNERAL DIRECTOR H.H. LOHMEYER		ADDRESS SPRINGFIELD, MO.		25. DATE RECD. BY LOCAL REG. 2-3-59	26. REGISTRAR'S SIGNATURE Effie S. Melton

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *Paul C. Hunter*

Licensed Embalmer No. *4739*

P. O. Address *St. Mo.*

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.