

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-008944  
STATE FILE NUMBER

Health,  
Welfare  
Public  
Service

300  
-57

FILED MAR 18 1958 Registration District No. 104 Primary Registration District No. 4176 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY DUNKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY DUNKLIN	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN MALDEN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN MALDEN 63510 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 211 N. DOUGLASS		Length of stay in lb LIFE	d. STREET ADDRESS (if outside, give location) 211 N. DOUGLASS Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First MAMIE Middle E. Last MILLS			4. DATE OF DEATH Month MARCH Day 6 Year 1959		
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5. SEX FEMALE	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 5-23-1892	9. AGE (In years birthday) 66	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and state or country) DEXTER, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME CHARLES BERRY	13b. MOTHER'S MAIDEN NAME SOPHRONIA E. HALT	14. NAME OF HUSBAND OR WIFE EVERETT MILLS
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, NO unknown) (If yes, give year or dates of service) NO	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT W. E. MILLS Address MALDEN, MO.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE CORONARY INSUFFICIENCY DUE TO (b) HYPERTENSIVE ARTERIOSCLEROTIC HEART DISEASE DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 70 MINUTES 10 YEARS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201		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.)
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20c. TIME OF INJURY Hour a.m. p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from JAN 1958 to 6 MAR 1959 and last saw her alive on 6 MAR 1959 Death occurred at 6:40 P. m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Charles Williams M.D. (Degree or title)	22b. ADDRESS MALDEN, MISSOURI	22c. DATE SIGNED 3-7-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3-9-59	23c. NAME OF CEMETERY OR CREMATORY PARK	23d. LOCATION (City, town, or county) (State) MALDEN, MO.
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24. FUNERAL DIRECTOR DAY & KNIGHT F.H. MALDEN, MO, ADDRESS	25. DATE RECD. BY LOCAL REG. 3-10-1959	26. REGISTRAR'S SIGNATURE J. D. Schuman
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *J. J. Schuman* .....

Licensed Embalmer No. 4086

P. O. Address MALDEN

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.