

FILED VS JUL 20 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-025808

STATE FILE NUMBER

Registration District No. 176

Primary Registration District No. 5656

Registrar's No. 10

5. 300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | |
|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Lawrence | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lawrence | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Everton R 2 | | c. CITY OR TOWN Everton R 2 | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Everton R 2 | | d. STREET ADDRESS (If outside, give location) 6 Miles South | |
| 3. NAME OF DECEASED (Type or print) First Alice Middle Jane Last Mills | | 4. DATE OF DEATH Month July Day 13 Year 1959 | |
| 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 Dec. 21, 1881 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife | | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | 11. BIRTHPLACE (City and state or country) Greene County Mo |
| 13a. FATHER'S NAME James M. Rose | | 13b. MOTHER'S MAIDEN NAME Elizabeth Jane Graves | 14. NAME OF HUSBAND OR WIFE Lawrence Mills |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) None | | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Clarence Mills Address Everton, Mo. R 2 |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory Failure DUE TO (b) Cerebral Vascular accident DUE TO (c) Arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X | | | INTERVAL BETWEEN ONSET AND DEATH 12 hrs. 8 days Unknown |
| 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 May 8, 1957 to July 13, 1959 and last saw her alive on July 12, 1959 Death occurred at 7:45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Donald C. George D.O. | | 22b. ADDRESS McVernon, Mo | 22c. DATE SIGNED July 14, 1959 |
| 23a. BURIAL, CREMATION, or REMOVAL (Specify) Burial | 23b. DATE July 15, 1959 | 23c. NAME OF CEMETERY OR CREMATORY Prospect Cemetery | 23d. LOCATION (City, town, or county) (State) Rt. 1 Bois D'Arc Mo. |
| 24. FUNERAL DIRECTOR ADDRESS DW Birch Ash Grove, Mo. | | 25. DATE RECD. BY LOCAL REG. 7-18-59 | 26. REGISTRAR'S SIGNATURE W. B. Bannery |

011352 73

[Handwritten signature, possibly "L. J. ..."]

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 *Richard E. Watts*

Licensed Embalmer No. *4652*
P. O. Address *Ashe Grove*

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.