

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 13 1960

=60-018278

DED

Registration District No. 13 Primary Registration District No. 5058 Registrar's No. 71

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Barry				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barry				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MONETT TOWNSHIP		Length of stay in lb 31 Years		c. CITY OR TOWN Monett		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R.F.D. 2			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R.F.D. 2		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Charlotte Adella Mills				4. DATE OF DEATH Month Day Year May 31 1960				
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3/20/1872	9. AGE (last birthday) 88	IF UNDER 1 YEAR Months 2 Days 11 Hours Min. 	IF UNDER 24 HR Hours Min. 	
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) Pea Ridge, Ark.		12. CITIZEN OF WHAT COUNTRY U.S.		
13a. FATHER'S NAME James Hickman			13b. MOTHER'S MAIDEN NAME Lucern Patterson		14. NAME OF HUSBAND OR WIFE Otto 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. None		17. INFORMANT Albert Mills		Address Monett, 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) Acute Rt heart failure DUE TO (b) 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 3 days None given		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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 Hour a.m. p.m. Month, Day, Year 		20d. INJURY OCCURRED WHILE AT WORK <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 Pea Ridge, Ark.		
20g. COUNTY Barry		20h. STATE Missouri		21. I attended the deceased from March, 1953 to May 31, 1960 and last saw her alive on May 16, 1960 Death occurred at 11:15 A. m on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Degree or title) Robert P. Cook M.D.				22b. ADDRESS Monett, Missouri		22c. DATE SIGNED 6-2-1960		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6/4/1960	23c. NAME OF CEMETERY OR CREMATORY Hickman Cemetery		23d. LOCATION (City, town, or county) (State) Pea Ridge, Ark.			
24. FUNERAL DIRECTOR Mercer Funeral Home Monett, Mo.			ADDRESS Monett, Mo.		25. DATE RECD. BY LOCAL REG. 6-3-60	26. REGISTRAR'S SIGNATURE mw P. N. Cook		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 27 1962

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Robert H Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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.