

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-010279

AMENDED **FILED** Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 75 STATE FILE NUMBER

**1. PLACE OF DEATH**  
 a. COUNTY St. Charles  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Charles Length of stay in lb 11 days  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hospital Inside Limits Yes  No   
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri COUNTY St. Charles  
 c. CITY OR TOWN Wentzville Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) R.R.1 Reside on Farm Yes  No

**3. NAME OF DECEASED** First Bertha Middle Nora Last Mills  
 4. DATE OF DEATH Month March Day 21 Year 1961

**5. SEX** Female **6. COLOR OR RACE** White **7. Married**  **Never Married**   
**Widowed**  **Divorced**   
**8. DATE OF BIRTH** 3/30/1876 **9. AGE (last birthday)** 84  
 IF UNDER 1 YEAR: Months 11 Days 19 IF UNDER 24 HR: Hours 11 Min. 19

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Home Duties  
**10b. KIND OF BUSINESS OR INDUSTRY** House Work **11. BIRTHPLACE** (City and state or country) New Hope, Mo. **12. CITIZEN OF WHAT COUNTRY** U.S.A.

**13a. FATHER'S NAME** Unknown **13b. MOTHER'S MAIDEN NAME** Unknown **14. NAME OF HUSBAND OR WIFE** John William Mills

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) | (If yes, give war or dates of service) No | None  
**16. SOCIAL SECURITY NO.** None **17. INFORMANT** Homer Mills 9612 Ridge Ave. Wentzville, 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) cerebral-vascular accident (hemorrhage) INTERVAL BETWEEN ONSET AND DEATH 1 week  
 DUE TO (b) cerebral arteriosclerosis & hypertension 10 years  
 DUE TO (c) \_\_\_\_\_  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) generalized atherosclerosis  
 PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

**19. WAS AUTOPSY PERFORMED?** YES  NO   
**20a. ACCIDENT**  **SUICIDE**  **HOMICIDE**   
**20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)  
**20c. TIME OF INJURY** Hour \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. Month, Day, Year \_\_\_\_\_

**20d. INJURY OCCURRED WHILE AT WORK**  **NOT WHILE AT WORK**   
**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** March 10, '61 to 3-21-61 and last saw her alive on 3-21-61  
 Death occurred at 2:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title) George E. Kistner M.D. **22b. ADDRESS** St. Charles, Mo. **22c. DATE SIGNED** 3-22-61

**23a. BURIAL, CREMATION, REMOVAL** (Specify) Burial **23b. DATE** 3/23/1961 **23c. NAME OF CEMETERY OR CREMATORY** Linn Cemetery **23d. LOCATION** (City, town, or county) (State) Wentzville, Missouri

**24. FUNERAL DIRECTOR** T.J. Pitman **ADDRESS** Wentzville, Mo. **25. DATE RECD. BY LOCAL REG.** Mar 23-61 **26. REGISTRAR'S SIGNATURE** Manella Wilson

DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

**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 Carlton J. Pitman

Licensed Embalmer No. 4974

P. O. Address Wentzville

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.