MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-028234
STATE FILE NUMBER

AMENDED

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 239

FILED AUG 21 1961

1. PLACE OF DEATH
a. COUNTY Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville — Length of stay in Ib years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 315 E. Harrison St. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Adair
c. CITY OR TOWN Kirksville — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 315 E. Harrison — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First WARNER Middle E. Last MILLS
4. DATE OF DEATH Month August Day 15 Year 1961
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 12/25/88
9. AGE (last birthday) 72 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bank President
10b. KIND OF BUSINESS OR INDUSTRY Banking
11. BIRTHPLACE (City and state or country) Adair Co. Mo.
12. CITIZEN OF WHAT COUNTRY U S
13a. FATHER'S NAME Perry C. Mills
13b. MOTHER'S MAIDEN NAME Mary Archer
14. NAME OF HUSBAND OR WIFE Agnes Heiny Mills
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
17. INFORMANT Address Agnes Mills, Kirksville, Mo.

MEDICAL CERTIFICATION Bestman

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 left Ventricular Failure — INTERVAL BETWEEN ONSET AND DEATH 10 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Coronary Insufficiency — more than 1 year
DUE TO (c) Arteriosclerosis — Unknown
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. ☐ 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 July 12, 1961, to August 15 1961, and last saw him alive on Aug. 15 1961
Death occurred at 6:52 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. Bestmann M.D. (Degree or title)
22b. ADDRESS Kirksville, Missouri
22c. DATE SIGNED 8/16/61

23a. BURIAL, CREMATION, REMOVAL (Specify) entombment
23b. DATE 8/19/61
23c. NAME OF CEMETERY OR CREMATORY Highland Park
23d. LOCATION (City, town, or county) (State) Kirksville, Adair, Mo.

24. FUNERAL DIRECTOR ADDRESS Foster Memorial Home, Kirksville, Mo.
25. DATE RECD. BY LOCAL REG. Aug. 18, 1961
26. REGISTRAR'S SIGNATURE Doris W Ratliff

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED
BY AFFIDAVIT OF DOCUMENT

AUG 28 1961

Ed Bestmann, D.O.

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 _____ Signed Floyd E. Foster

Signature of Student Embalmer

Licensed Embalmer No. 4742

P. O. Address Farkville, 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.