

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

JAF 11 EDD 05 65 38
Primary Registration District No. 3006
Registrar's No. 819
0047475
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0109

2 0270

3

4 0

5 1

6

7 0

8 12

9 1/201

10

11

12 2-0

13 3-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>BOONE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>COOPER</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>COLUMBIA MO.</u>			Length of stay in 1b <u>1 HR.</u>		c. CITY OR TOWN <u>BOONEVILLE, MO</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>UNIVERSITY OF MO. HOSPITAL</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>RT #2</u>	
3. NAME OF DECEASED (Type or print) First <u>AUBREY</u> Middle <u>LOGAN</u> Last <u>MILLS</u>			4. DATE OF DEATH Month <u>12</u> Day <u>30</u> Year <u>1964</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-17-07</u>	9. AGE (last birthday) <u>57</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY <u>NIGHT WATCHMAN</u>		11. BIRTHPLACE (City and state or country) <u>RAIRIE HOME, MO.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>AUBREY F. MILLS</u>			13b. MOTHER'S MAIDEN NAME <u>SALLY LOGAN</u>		14. NAME OF HUSBAND OR WIFE <u>EDITH RINEHART MILLS</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv <u>NO</u>				17. INFORMANT <u>EDITH MILLS</u>		Address <u>RT #2</u> <u>BOONEVILLE, MO.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Cardiac asystole</u>							
DUE TO (b) <u>myocardial infarction</u>							<u>1 HR 45 MIN</u>
DUE TO (c)							
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 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		COUNTY	STATE
21. I attended the deceased from <u>12/30/64</u> to <u>12/30/64</u> and last saw her alive on <u>12/30/64</u> Death occurred at <u>5:35 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>James R. Leslie M.D.</u>				22b. ADDRESS <u>U of Mo Med Center</u>		22c. DATE SIGNED <u>12/30/64</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>12-30-64</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u>		23d. LOCATION (City, town, or county) <u>Boonville</u>		(State) <u>MO</u>
24. FUNERAL DIRECTOR <u>Goodman & Zoller</u>			ADDRESS <u>Boonville Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Dec 30 1964</u>		26. REGISTRAR'S SIGNATURE <u>Travis R.E. Palmer</u>

USE BLACK INK OR TYPEWRITER RIBBON

100-10000

JAN 25 1965

JAN 21 1965

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 William Wood

Licensed Embalmer No. 4539

P. O. Address Boonville 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.