

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30681

532
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED OCT 2 1951

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 2039 Registrar's No. 541

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Laclede	
b. CITY (If outside corporate limits, write RURAL and give township) Lebanon		c. CITY (If outside corporate limits, write RURAL and give township) Lebanon	
c. LENGTH OF STAY (in this place) 12 hrs.		d. STREET ADDRESS (If rural, give location) 148 Lynn Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wallace Memorial Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Minnie		b. (Middle) B.	
c. (Last) Mills		4. DATE OF DEATH (Month) (Day) (Year) Sept. 24 1951	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 15, 1883
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days 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	11. BIRTHPLACE (State or foreign country) Laclede Co. Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME George W. Riker	
13b. MOTHER'S MAIDEN NAME Mollie Tomlinson		14. NAME OF HUSBAND OR WIFE W. R. 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. NO	
17. INFORMANT'S SIGNATURE OR NAME W. R. Mills, Lebanon, Mo. ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 2 min.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) hypertension		DUE TO (c) none	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. none	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? none			
22. I hereby certify that I attended the deceased from 5/15 , 19 51 , to 9/24 , 19 51 , that I last saw the deceased alive on 9/23 , 19 51 , and that death occurred at 7:30 Am. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) James L. Hope, M.D.		23b. ADDRESS Lebanon, Missouri.	
23c. DATE SIGNED 9/25/51		24a. BURIAL, CREMATION, REMOVAL (Specify) burial	
24b. DATE 9/27/51		24c. NAME OF CEMETERY OR CREMATORY Catholic Conv. Lebanon	
24d. LOCATION (City, town, or county) (State) Lebanon Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Palmer Lebanon, Mo.	
DATE REC'D BY LOCAL REG. 9-26-1951		REGISTRAR'S SIGNATURE Mella L. Day	
25. FUNERAL DIRECTOR'S SIGNATURE Palmer Lebanon, Mo.		ADDRESS Lebanon, Mo.	

Received SEP 29 1951
Laclede County Health Unit
File No. 9-51-133
Date Filed OCT 1 1951

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
Student Embalmer

Signed S. R. Palmer.....

Licensed Embalmer No. 2208.....

P. O. Address Lebanon 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 this body is not embalmed, fact should be so stated above.