

FILED MAY 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16050

State File No.

1945

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Jackson</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Clay</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kauser City</u>		c. LENGTH OF STAY (in this place) <u>1 wk</u>		c. CITY OR TOWN <u>Liberty</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trinity Lutheran</u>				e. STREET ADDRESS (If rural, give location) <u>L.O.F. Home 600</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) <u>EMMA</u>		b. (Middle) <u>O</u>		c. (Last) <u>Mills</u>		Date: <u>Apr. 19-54</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb. 6-1868</u>	
9. AGE (In years last birth) <u>86</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ohio</u>	
11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Wm. Manbeck</u>		13b. MOTHER'S MAIDEN NAME <u>Bettie McAfey</u>	
14. NAME OF HUSBAND OR WIFE <u>Ben Mills</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Loof Records Liberty, Mo.</u>	
17. ADDRESS <u>Loof Records Liberty, Mo.</u>		18. CAUSE OF DEATH				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General Arteriosclerosis</u>		ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, asthma, etc.. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>					
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS <u>Fracture of left hip</u>				<u>89030</u> <u>20</u>	
Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION <u>4/24/54</u>				19b. MAJOR FINDINGS OF OPERATION <u>Put in a Smith Peterson pin.</u>	
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.) <u>her house</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Liberty Clay Co Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 20</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Standing and fell to the floor</u>			
22. I hereby certify that I attended the deceased from <u>Feb.</u> , 19 <u>54</u> , to <u>Apr. 18,</u> 19 <u>54</u> ; and that death occurred at <u>1 A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Wm. H. Goodson</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Liberty Mo</u>		23c. DATE SIGNED <u>4/30/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 01-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hills</u>		24d. LOCATION (City, town, or county) (State) <u>K. P. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-30-54</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Church-Orndorff Liberty, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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 *John Lombard*.....

Licensed Embalmer No. *444*

P. O. Address *Liberty*

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.