THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 24 1954

State File No. 30730

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4174

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City, Mo
c. LENGTH OF STAY (In this place) 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Mary's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Kansas
b. COUNTY MIAMI
c. CITY OR TOWN Fontana
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) William
b. (Middle) Ray
c. (Last) Mills

4. DATE OF DEATH (Month) Aug. (Day) 29, (Year) 1954

5. SEX male D
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 9/8/1896
9. AGE (In years last birthday) 57 — If under 1 year: Months 11 Days 21 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Kansas
12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME James L. Mills
13b. MOTHER'S MAIDEN NAME Mary Ann Goodrich
14. NAME OF HUSBAND OR WIFE Bessie Mills

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None.
17. INFORMANT'S SIGNATURE OR NAME Mrs. Bessie Mills — ADDRESS Fontana Kans.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion, acute — INTERVAL BETWEEN ONSET AND DEATH: 15 minutes

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Myocardial damage & infarction — 2½ mo.
DUE TO (c) Arteriosclerosis, general — several years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* — 4201

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 10, 1954, *to* Aug. 29, 1954, *that I last saw the deceased alive on* Aug. 29, 1954, *and that death occurred at* 11 20 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE N. V. Bolin (Degree or title) M.D. D
23b. ADDRESS 1418 Professional Bldg. K.C. Mo.
23c. DATE SIGNED 29 Aug. 54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 8-29-54
24c. NAME OF CEMETERY OR CREMATORY —
24d. LOCATION (City, town, or county) (State) Osawatomie Kans.

DATE REC'D BY LOCAL REG. 8-31-54
REGISTRAR'S SIGNATURE Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE William H. Eddy — ADDRESS Osawatomie Ks.

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 24 19

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William H. Eddy

Licensed Embalmer No.....

Removal to Osawatomie N.S.

Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.