

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29318

FILED SEP 26 1955

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

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 95

1. PLACE OF DEATH a. COUNTY <u>COOPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>COOPER</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>BOONVILLE MO</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>PRATIE HOME MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST JOSEPH HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>PRATIE HOME MO</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALBERT NEWTON</u>		c. (Last) <u>MILLS</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>APRIL 9 1865</u>	
9. AGE (In years last birthday) <u>90</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>WOOD</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>KENTUCKY</u>	
12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13a. FATHER'S NAME <u>ELIASH MILLS</u>	
13b. MOTHER'S MAIDEN NAME <u>SOBEL THOMPSON</u>		14. NAME OF HUSBAND OR WIFE <u>UNKNOWN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Frank Campbell</u>		ADDRESS <u>611 Morgan Boonville Mo</u>	
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) <u>Arterio-sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>(?)</u>	
ANTECEDENT CAUSES (b) <u>Senility</u>			
MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. (c) <u>4500</u>			
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)			
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Sept 17, 1955</u> to <u>Sept 18, 1955</u> , that I last saw the deceased alive on <u>Sept 18, 1955</u> , and that death occurred at <u>10:00</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. Decker</u>		23b. ADDRESS <u>Boonville Mo</u>	
23c. DATE SIGNED <u>9/19/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>SEPT. 20 1955</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>PROVIDENCE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>PRATIE HOME MO</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>9/20/55</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>OC. ALBERT HOYNECK</u>	

(Licensed Embalmer's Statement on Reverse Side) PRATIE HOME MO.

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 E. Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Prarie Home m

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.