Health, Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED OCT 16 1956

67853-56

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 33117

Registration District No. 32 Primary Registration District No. 5109 Registrar's No. 76

1. PLACE OF DEATH

a. COUNTY Bollinger

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Crooked Creek Township — Inside Limits Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. 1 Marquand — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Bollinger

c. CITY OR TOWN Marquand 0090 — Inside Limits Yes ☐ No ☒

d. STREET ADDRESS Rt. 1 (If outside, give location) — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Hansford Middle: Last: Mills

4. DATE OF DEATH Month: Oct. Day: 3 Year: 1956

5. SEX Male

6. COLOR OR RACE White

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH Oct. 3, 1956

9. AGE (In years last birthday) 2½ hours — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours 2 Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Marquand - Mo. Bollinger Co.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Nehemiah Francis Mills

14. MOTHER'S MAIDEN NAME Ermajean Izettia Reagan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Nehemiah Mills Address Marquand Mo.

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Premature birth — INTERVAL BETWEEN ONSET AND DEATH 2½ hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 776X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

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 ☐ NOT WHILE AT WORK ☐

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 Oct. 3, 1956, to _____ and last saw ~~her~~ him alive on Oct. 3, 1956

Death occurred at 7 a. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dr. Geo. W. Johnson D.O. — **22b. ADDRESS** Fredericktown, Mo. — **22c. DATE SIGNED** Oct. 4, 1956

23a. BURIAL, CREMATION, REMOVAL (Specify) — **23b. DATE** Oct. 4, 1956 — **23c. NAME OF CEMETERY ~~OR CREMATORY~~** Union Light Cem. — **23d. LOCATION** (City, town, or county) Marquand - Rt. 1 (State) Missouri

24. FUNERAL DIRECTOR Burial was taken care of by Father — **ADDRESS**

25. DATE RECD. BY LOCAL REG. 10-8-56

26. REGISTRAR'S SIGNATURE Mrs. Buford Crader

(Licensed Embalmer's Statement on Reverse Side)

520

STATEMENT BY LICENSED EMBALMER

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

by me, or by ..Body was not embalmed....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address .....

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