

FILED OCT 30 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34602**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 168

1. PLACE OF DEATH a. COUNTY <b>Laclede</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Laclede</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lebanon</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lebanon</b>	
c. LENGTH OF STAY (In this place) <b>6 Hrs.</b>		d. STREET ADDRESS (If rural, give location) <b>Sherman &amp; Highway 66</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Wallace Hospital</b>			

3. NAME OF DECEASED (Type or Print) <b>Molley Mills</b>	a. (First) _____ b. (Middle) _____ c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 18, 1956</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Apr. 4, 1877</b>	9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Months _____	IF UNDER 24 HRS. Hours _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Domestic</b>	11. BIRTHPLACE (State or foreign country) <b>Laclede County Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Joe Richards</b>	13b. MOTHER'S MAIDEN NAME <b>Martha McCarthey</b>	14. NAME OF HUSBAND OR WIFE <b>Randolph Mills</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>	16. SOCIAL SECURITY NO. <b>None.</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. James Mills, Lebanon, Mo.</b>	ADDRESS _____
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>8 hours</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebro-vascular accident</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) _____		
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"/>
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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) <b>331X</b>
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 10-17, 1956, to 10-18, 1956, that I last saw the deceased alive on 10-17, 1956, and that death occurred at 11:00P., from the causes and on the date stated above.

23a. SIGNATURE <b>W. D. Carrington</b> (Degree or title) _____	23b. ADDRESS <b>Lebanon, Mo.</b>	23c. DATE SIGNED <b>10-19-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10-21-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lonesome Hill Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Laclede County Mo.</b>
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DATE REC'D BY LOCAL REG. <b>10-21-1956</b>	REGISTRAR'S SIGNATURE <b>Hella L. Day</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>L. R. Palmer</b>	ADDRESS <b>Lebanon, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

Received 10-29-56  
Laclede County Health Unit  
File No. 168  
Date Filed 10-29-56

**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 Stanley's R Palmer

Licensed Embalmer No. 4810

P. O. Address Lebanon, Mo

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.