...t. Health, ..., & Welfare ...S. Public ...lth Service

...S. 300 ...v. 1-57

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THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

44912
STATE FILE NUMBER

FILED DEC 31 1957

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 215

1. PLACE OF DEATH
a. COUNTY Laclede
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Lebanon — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Wallace Hospital — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Laclede
c. CITY OR TOWN Lebanon — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) Rt. 1 — Reside on Farm Yes [ ] No [X]

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

4. DATE OF DEATH Month Dec. Day 19, Year 1957

5. SEX Male
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Feb. 1, 1881
9. AGE (In years last birthday) 76 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Construction
11. BIRTHPLACE (City and state or country) Walnut, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME W. R. Mills
13b. MOTHER'S MAIDEN NAME Elizabeth A. Rucket
14. NAME OF HUSBAND OR WIFE Lillian Mills

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. 492-12-4694
17. INFORMANT Mrs. Fred Mills Address Lebanon 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) Cerebral Arteriosclerosis. — INTERVAL BETWEEN ONSET AND DEATH 3 Mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 334X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic Heart Disease

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ] None
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 4/29/52, to 12/19/57 and last saw her/him alive on 12/19/57
Death occurred at 5.00 P.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) George E. Fisher M.D
22b. ADDRESS Lebanon, Mo.
22c. DATE SIGNED 12/21/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12/21/57
23c. NAME OF CEMETERY OR CREMATORY Catholic
23d. LOCATION (City, town, or county) (State) Lebanon Mo.

24. FUNERAL DIRECTOR S. R. Palmer ADDRESS Lebanon Mo
25. DATE RECD. BY LOCAL REG. 12-21-1957
26. REGISTRAR'S SIGNATURE Nella L. Day

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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Received DEC 30 1957
Laclede County Health Unit
File No. 215
Date Filed DEC 30 1957

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 S. R. Palmer

Licensed Embalmer No. 2208

P. O. Address Lebanon Mo

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.