

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018851
STATE FILE NUMBER

FILED JUN 11 1958 Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 94

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Laclede	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Lebanon 0530 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR WALLACE HOSP. INSTITUTION Length of stay in 1b 4 Days		d. STREET ADDRESS Rt. 3 (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JAMES Middle KELLY Last MILLS			4. DATE OF DEATH Month June Day 2 Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Sept. 1, 1896
9. AGE (In years last birthday) 63		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (City and state or country) Ira, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME James M. Mills		13b. MOTHER'S MAIDEN NAME Mary M. English	14. NAME OF HUSBAND OR WIFE Mabel Mills
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If War give war or dates of service) Yes		16. SOCIAL SECURITY NO. 500-01-9525	17. INFORMANT Address Mr. James Mills, Lebanon, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac rupture Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) myocardial infarction DUE TO (c) Coronary arterial sclerosis 4201 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH Immediate 1 week 6 or 8 years.
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 5/24/58 to 6/2/58 and last saw him alive on 6/2/58 Death occurred at 9:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) W. Froelich, M.D.		22b. ADDRESS Lebanon Mo.	22c. DATE SIGNED 6/3/58
23a. BURIAL, CREMATION, REMEMIAL (Specify) Burial	23b. DATE 6/5/58	23c. NAME OF CEMETERY OR CREMATORY Mt. Rose Memorial Park	23d. LOCATION (City, town, or county) (State) Laclede County Missouri
24. FUNERAL DIRECTOR ADDRESS S. P. Salony Lebanon Mo		25. DATE RECD. BY LOCAL REG. 6-5-1958	26. REGISTRAR'S SIGNATURE Wells L. May

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JUN 20 1958

Received JUN 9 1958
Laclede County Health Unit
File No. 94
Date Filed JUN 9 1958

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. P. Palmer

Licensed Embalmer No. 2208
P. O. Address St. Louis, 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.