

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-046937

STATE FILE NUMBER

FILED JAN 14 1959

Registration District No. 340 Primary Registration District No. 4503 Registrar's No. 6

5. 300  
1-57

Dr. Sisson - Doctor

|   |                               |   |   |
|---|-------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Stoddard</u>  |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>MO</u> b. COUNTY <u>Stoddard</u>                       |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Bernie</u>  |                               | c. CITY OR TOWN <u>Bernie</u> <u>1030</u>   |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Residence</u>   |                               | d. STREET ADDRESS (If outside, give location) <u>Route 1</u>  |   |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><u>Mary Florence Mills</u>  |                               | 4. DATE OF DEATH Month Day Year<br><u>Dec 21, 1958</u>  |   |
| 5. SEX <u>Female</u>  | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>July 22, 1885</u>                         |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country)<br><u>Missouri</u> |
| 13a. FATHER'S NAME<br><u>William Cross</u>  |                               | 13b. MOTHER'S MAIDEN NAME<br><u>Matilda Pulley</u>  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |                               | 17. INFORMANT<br><u>Allie Petty</u> Address <u>Bernie, MO</u>   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Coronary thrombus</u><br>DUE TO (b) <u>Atherosclerosis</u><br>DUE TO (c) _____<br>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                              |
| 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<br>Hour Month, Day, Year<br>a.m.<br>p.m.  |                               |   |   |
| 20d. INJURY OCCURRED WHILE AT <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 <u>December 16-18</u> and last saw her alive on <u>Nov. 17-1958</u><br>Death occurred at <u>December 21, 11:45 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.   |                               |   |   |
| 22a. SIGNATURE (Degree or title)<br><u>Dr. Sisson D.C.</u>  |                               | 22b. ADDRESS<br><u>102, Walnut, Dexter MO, 12-22-58</u>   |   |
| 22c. DATE SIGNED  |                               |   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)   |                               | 23b. DATE   |   |
| <u>Burial</u>   |                               | <u>Dec 24, 58</u>   |   |
| 23c. NAME OF CEMETERY OR CREMATORY  |                               | 23d. LOCATION (City, town, or county) (State)   |   |
| <u>Pathway</u>  |                               | <u>Bernie, MO</u>   |   |
| 24. FUNERAL DIRECTOR ADDRESS  |                               | 25. DATE RECD. BY LOCAL REG.  |   |
| <u>McDaniel Kennert, MO</u>   |                               | <u>1-5-59</u>   |   |
| 26. REGISTRAR'S SIGNATURE<br><u>Delma D. Jenkins</u>  |                               |   |   |

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.

MEDICAL CERTIFICATION

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 *Arthur B Baird* .....

Licensed Embalmer No. *4888* .....

P. O. Address *Kennett, 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.