

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-018252

FILED JUN 15 1959 Registration District No. 164 Primary Registration District No. 3032 STATE FILE NUMBER 81 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY <b>Johnson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Warrensburg</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Warrensburg</b> <u>05130</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Warrensburg Medical Center</b>		Length of stay in lb <b>6 weeks</b>	
d. STREET ADDRESS <b>210 E. Market St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>John Edwin Mills</b>			4. DATE OF DEATH Month <b>June</b> Day <b>9</b> Year <b>1959</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>12/4/1888</b>	9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HRS Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Circuit Clerk</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Johnson County</b>	11. BIRTHPLACE (City and state or country) <b>Terre Haute, Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>George Mills</b>	13b. MOTHER'S MAIDEN NAME <b>Laura Kimble</b>	14. NAME OF HUSBAND OR WIFE <b>Margaret Mills</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>500-05-4800</b>	17. INFORMANT Address <b>Mrs. Margaret Mills Warrensburg, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Circulatory Failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>
DUE TO (b) <b>Multiple Aneurysms of the Aorta</b>		
DUE TO (c) <b>With Thromboses.</b>		<b>2 years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour <b>2:45</b> Month, Day, Year <b>May 24 1959</b> a.m. p.m.	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Warrensburg Mo</b> COUNTY <b>Mo</b> STATE <b>Mo</b>
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21. I attended the deceased from <b>May 24 1959</b> to <b>June 9 1959</b> and last saw her alive on <b>June 8, 1959</b> Death occurred at <b>2:45 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>2nd.</b>	22b. ADDRESS <b>Warrensburg Mo</b>	22c. DATE SIGNED <b>6-10-59</b>
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23a. BURIAL, CREMATION, REBURYAL (Specify) <b>Burial</b>	23b. DATE <b>6/11/1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sunset Hill</b>	23d. LOCATION (City, town, or county) (State) <b>Warrensburg, Missouri</b>
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24. FUNERAL DIRECTOR: <b>Sweeney-Phillips Funeral Home</b> ADDRESS <b>Warrensburg, Missouri</b>	25. DATE RECD. BY LOCAL REG. <b>June 10, 1959</b>	26. REGISTRAR'S SIGNATURE <b>[Signature]</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

7-0

All diseases in Part I must be causally related.

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 .....

*J. Earl Frost*

Licensed Embalmer No. 3878

P. O. Address Wacreshe

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.