

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-013985

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 124

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 23 1962	
1. PLACE OF DEATH a. COUNTY Adair	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Macon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville	Length of stay in 1b 7 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Stickler Hospital	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. CITY OR TOWN La Plata Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last ELLA BELLE MILLS	4. DATE OF DEATH Month Day Year April 12, 1962
5. SEX F	6. COLOR OR RACE W
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/17/70
9. AGE (last birthday) 92	IF UNDER 1 YEAR IF UNDER 24 HR Months 2 Days 25 Hours --- Min. ---
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY Ohio
11. BIRTHPLACE (City and state or country) Ohio	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Martin K. Taylor	13b. MOTHER'S MAIDEN NAME Lovina Hoover
14. NAME OF HUSBAND OR WIFE Thomas Mills	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none
17. INFORMANT Address Mrs. Nellie Biers, La Plata, 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) Cancer of bowel and stomach Cholelithiasis DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown INTERVAL BETWEEN ONSET AND DEATH 6 mon. 3 mon.	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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 Apr. 5, 1962 Apr. 12, 1962 Apr. 12, 1962
21. I attended the deceased from 8:45 p. to 8:45 p. and last saw her alive on Apr. 12, 1962 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Rostochler MD	22b. ADDRESS Kirksville, Missouri
22c. DATE SIGNED 4/12/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/15/62
23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery	23d. LOCATION (City, town, or county) (State) Hurdland, Missouri
24. FUNERAL DIRECTOR ADDRESS Wilson Funeral Home, La Plata, Mo.	25. DATE RECD. BY LOCAL REG. April 19, 1962
26. REGISTRAR'S SIGNATURE Doris W Ratliff	

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

VS 300 Rev. 4/59
10017
2/6/10
3
4 1
5 2
6
7 1
8 2
9/1992
10
11
124-0
13 1-0

R. O. STICKLER, M. D.

Permit issued April 2, 1962

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 Howard M. Wilson

Licensed Embalmer No. H 701
P. O. Address La Plata 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.