

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000882

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 26

FILED FEB 11 1963

VS 300
Rev. 4/59

1 0275

2 0275

3

4 1

5 0

6 0

7 0

8 1

9 155.1

10

11

12 1-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
(INSTEAD OF)

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Boonville, Mo.</u> Length of stay in 1b <u>Lifetime</u>		c. CITY OR TOWN <u>Boonville</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>208 Vine St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last <u>Florence Mills</u>			4. DATE OF DEATH Month Day Year <u>February 6, 1963</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9/14/1891</u>
9. AGE (last birthday) <u>71</u>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Factory</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mfg. Shoes</u>	11. BIRTHPLACE (City and state or country) <u>Wooldridge, Mo.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Mills</u>	
13b. MOTHER'S MAIDEN NAME <u>BASS</u>		14. NAME OF HUSBAND OR WIFE <u>Never married</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of _____) <u>No</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT Address <u>5 Mrs. Elmer Gerhardt Boonville, Mo.</u>		18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of gallbladder with metastasis and jaundice</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Common duct stones - Diabetes</u>		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	
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.)	
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	
21. I attended the deceased from <u>June 1960</u> to <u>Feb 6, 1963</u> and last saw her alive on <u>2-6-63</u> Death occurred at <u>2:00 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>T.C. Beckett MD</u>		22b. ADDRESS <u>Boonville Mo</u>	
22c. DATE SIGNED <u>2-7-63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>2/8/63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Copps Chapel Cemetery</u>	
23d. LOCATION (City, town, or county) (State) <u>Cooper Co. Missouri</u>		24. FUNERAL DIRECTOR ADDRESS <u>Goodman & Boller Boonville, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>2/7/63</u>		26. REGISTRAR'S SIGNATURE <u>SE Hooper</u>	

USE BLACK INK
OR
TYPEWRITER RIBBON

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 William W. Wood

Licensed Embalmer No. _____

P. O. Address _____

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.

IT IS THE POLICY OF THE STATE OF MISSISSIPPI TO PROMOTE THE INTERESTS OF THE PUBLIC BY THE PROVISION OF ADEQUATE AND ECONOMICAL BURIAL SERVICES.