

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38608

State File No.

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>6075</u>		Registrar's No. <u>345</u>		
1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rt 2 Farmington</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rt 2 Farmington</u>		d. STREET ADDRESS (If rural, give location) <u>MO 12 1921</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. FRANCOIS TWP.</u>				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) <u>HENRY</u>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 29 1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 5, 1874</u>		9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR: Months <u>7</u> Days <u>24</u>	IF UNDER 1 MIN. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Madison Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>William Mills</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Etta Mills</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Joy Mills Rt 2 Farmington, Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>2 mos (6 wks)</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u>				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>unknown</u>				
				DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>002X</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>Sept 1</u> , 19 <u>57</u> , to <u>Oct 29</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>Oct 29</u> , 19 <u>57</u> , and that death occurred at <u>6 a.</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>J. L. Foster</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Wesloge, Mo.</u>		23c. DATE SIGNED <u>10-31-57</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/31-1957</u>	24c. NAME OF CEMETERY <u>Underwood</u>		24d. LOCATION (City, town, or county) (State) <u>near Fredricksburg Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Nov. 13, 1957</u>		REGISTRAR'S SIGNATURE <u>Eather Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond Caldwell</u>		ADDRESS <u>Flat R. Over, Mo.</u>		

File No. _____
DISTRICT HEALTH OFFICE No. 4

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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
Student Embalmer

Signed *P. Caldwell*

Licensed Embalmer No. *2531*

P. O. Address *Flat River, 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 this body is not embalmed, fact should be so stated above.