

FILED MAR 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4235

BIRTH NO. _____		REG. DIST. NO. <u>71</u>		PRIMARY REG. DIST. NO. <u>3012</u>		Registrar's No. <u>18</u>	
1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Excelsior Springs</u>		c. LENGTH OF STAY (In this place) <u>7 years</u>		c. CITY OR TOWN <u>Excelsior Spgs</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>614 Owen</u>				e. STREET ADDRESS (If rural, give location) <u>614 Owen</u>		<u>6002</u>	
3. NAME OF DECEASED (Type or Print) <u>ARTHUR</u>		a. (First)		b. (Middle) <u>MILLS</u>		c. (Last)	
4. DATE OF DEATH <u>Feb 1 1955</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>July 10 1875</u>		9. AGE (In years last birthday) <u>79</u>		10. MONTHS <u>6</u>		11. DAYS <u>20</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Orrick Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Mills</u>		13b. MOTHER'S MAIDEN NAME <u>Lucindy Walker</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs Bessie Mills</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Marsh Camden</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary arterial sclerosis</u> <u>infarction</u> ANTECEDENT CAUSES <u>morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>generalized arteriosclerosis</u> DUE TO (c) <u>including Cerebral arterial sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>unk.</u> <u>5 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>334X</u>	
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)			
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>10-20</u> , 19 <u>54</u> , to <u>2-1</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>1-10</u> , 19 <u>55</u> , and that death occurred at <u>6:25</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Doris M. Huisgrave</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Excelsior Springs, Mo</u>		23c. DATE SIGNED <u>2-2-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/3/1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Riffe Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Near-Orrick Ray Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2/12/55</u>		REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Vergil Hope</u>		ADDRESS <u>Ex. Springs Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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, ~~only~~, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

James A. Mot
Licensed Embalmer No. 329

P. O. Address Excelsior S

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.