

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21238

FILED JUL 6 1950

BIRTH NO. _____		REG. DIST. NO. 296		PRIMARY REG. DIST. NO. 6019		Registrar's No. 16	
1. PLACE OF DEATH a. COUNTY <u>Ray</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Orrick, Township</u>		c. LENGTH OF STAY (in this place) <u>All Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Orrick Township</u>		06 1/2	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7 1/2 miles N. West Orrick, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>7 1/2 miles North West Orrick</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>DONALD</u>		b. (Middle) <u>BEN.</u>		c. (Last) <u>MILLS</u>	
4. DATE OF DEATH		(Month) <u>JUNE</u>		(Day) <u>10</u>		(Year) <u>1950</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>SEPT. 30 1936</u>	
9. AGE (In years last birthday) <u>13</u>		10. IF UNDER 1 YEAR Months _____ Days _____		11. IF UNDER 1 HRS. Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>L</u>		11. BIRTHPLACE (State or foreign country) <u>RAY COUNTY, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>ELWOOD MILLS</u>		13b. MOTHER'S MAIDEN NAME <u>ICEL CLEVENGER</u>		14. NAME OF HUSBAND OR WIFE <u>none</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>Elwood Mills, RRI, Orrick, Mo.</u>		ADDRESS	
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>Internal injuries,</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Tractor turned over</u> DUE TO (c) <u>on him and</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>crushed his body</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8 9/12</u> <u>3</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Orrick - Ray - Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 10, 1950 8:00 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Tractor turned over on him</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>John F. Baber</u>		(Degree or title) <u>Coroner, Richmond Mo.</u>		23b. ADDRESS <u>Ray County, Mo.</u>		23c. DATE SIGNED <u>6-10-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 12/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ray County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>June 12, 1950</u>		REGISTRAR'S SIGNATURE <u>Helen J. Larkin</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hape Funeral Home, Ex. 111</u>		ADDRESS <u>Union Home, 11</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JUN 16

District Health Officer No. 8,

District File Number

Date Filed

6-24-50

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

Chas. Virgil Hope

Licensed Embalmer No. 3950

P. O. Address

Excelsior Springs

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.