

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**66 0041996**  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 306 Primary Registration District No. 3042 Registrar's No. 459

**FILED NOV 14 1966**

VS 300  
Rev. 4/59

1 0621  
2 0942  
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4 0  
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8 1  
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12 1-0  
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK  
OR  
TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>ST. FRANCOIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>FREDERICKTOWN</u>		Length of stay in 1b	c. CITY OR TOWN <u>FLAT RIVER</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MADISON MEMO HOSP.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>228 COOLIDGE ST</u>
3. NAME OF DECEASED (Type or print) First <u>GEORGE</u> Middle <u>SAMUEL</u> Last <u>MILLS</u>		4. DATE OF DEATH Month <u>NOV</u> - Day <u>5</u> - Year <u>1966</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>FEB 4 1892</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LEAD MINER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MINER.</u>	9. AGE (last birthday) <u>74</u>
13a. FATHER'S NAME <u>HENRY MILLS</u>		13b. MOTHER'S MAIDEN NAME <u>MOLLIE MOORE</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</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>493-03-8800</u>	14. NAME OF HUSBAND OR WIFE <u>LORENE MILLS, dec'd.</u>
17. INFORMANT <u>MRS LENA CHILTON - FLAT RIVER - MO.</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u> DUE TO (b) <u>Coronary atherosclerosis</u> DUE TO (c) <u>Hypertensive cardiovascular disease</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>few hours</u> <u>years</u> <u>years</u>
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>1966</u> and last saw <u>him</u> alive on <u>Nov 5/66</u> 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) <u>Clara G. Kuecker MD</u>	
22b. ADDRESS <u>Farmington, Mo</u>		22c. DATE SIGNED <u>11/9/66</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>11-8-66</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>HILL VIEW MEMO GARDENS</u>		23d. LOCATION (City, town, or county) <u>NEAR FARMINGTON - MO.</u>	
24. FUNERAL DIRECTOR <u>CALDWELL &amp; SONS</u>		25. DATE RECD. BY LOCAL REG. <u>Nov. 9 - 1966</u>	
ADDRESS <u>FLAT RIVER - MO.</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Subj. Comm. Act. Reg.</u>	

**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 David P. Caldwell

Licensed Embalmer No. 5184

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.