

FILED NOV 15 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32877

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 321

1. PLACE OF DEATH  
a. COUNTY Adair  
b. CITY (If outside corporate limits, write RURAL and give township) Kirkville  
c. LENGTH OF STAY (in this place)  
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Laughlin Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Knox  
c. CITY (If outside corporate limits, write RURAL and give township) Novelty  
d. STREET ADDRESS (If rural, give location) \_\_\_\_\_

3. NAME OF DECEASED  
a. (First) Robert b. (Middle) Edward c. (Last) Mitchell

4. DATE OF DEATH (Month) (Day) (Year) 10 20 1949

5. SEX male  
6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH June 17 1874

9. AGE (In years last birthday) 75 # UNDER 1 YEAR Months Days # UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farming Retired

11. BIRTHPLACE (State or foreign country) Knox Co Mo

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Charles Mitchell

13b. MOTHER'S MAIDEN NAME Kate James

14. NAME OF HUSBAND OR WIFE Ida McPae

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. X

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Ida Mitchell Novelty Mo

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Diffuse Mesentric Thrombosis-30hrs

INTERVAL BETWEEN ONSET AND DEATH 5600

ANTECEDENT CAUSES  
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

II. OTHER SIGNIFICANT CONDITIONS  
*Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION 10-15-49

19b. MAJOR FINDINGS OF OPERATION umbilical hernioplasty, right "direct" inguinal hernioplasty - left "indirect"

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) inginal hernioplasty

(COUNTY) \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR \_\_\_\_\_

22. I hereby certify that I attended the deceased from 10-14 1949, to 10-20, 1949, that I last saw the deceased alive on 10-20, 1949, and that death occurred at 8:00 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Carl Laughlin, D.O.

23b. ADDRESS Kirkville, Mo

23c. DATE SIGNED 10-20-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Oct 23-49

24c. NAME OF CEMETERY OR CREMATORY Novelty Cemetery

24d. LOCATION (City, town, or county) (State) Novelty Mo

DATE REC'D BY LOCAL REG. 10-20-49

REGISTRAR'S SIGNATURE Kate Lambert

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Faith Hudson Edina Mo

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

RECEIVED NOV 10 1949  
District Health Officer No.  
District File Number 11-49-1  
Date Filed NOV 10 1949

**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

*Keith Hudson*

Licensed Embalmer No.

*2415*

P. O. Address

*Edina Mission*

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.