

FILED DEC 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36332

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4049 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY <u>BOONE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>MONROE</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CENTRALIA</u>		c. LENGTH OF STAY (in this place) <u>7 DA.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PARIS</u>		d. STREET ADDRESS (If rural, give location) <u>50. MAIN ST.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HULLER'S NURSING HOME</u>			d. STREET ADDRESS (If rural, give location) <u>50. MAIN ST.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>FLORA</u>		b. (Middle) <u>ELLEN</u>	c. (Last) <u>MITTS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 3, 1949</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>DEC. 28, 1893</u>	9. AGE (In years last birthday) <u>65</u>	10. UNDER 1 YEAR Months <u>11</u> Days <u>3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (State or foreign country) <u>ILL 1</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>ROBT. ROBERTS</u>		13b. MOTHER'S MAIDEN NAME <u>ELLEN WHITEMAN</u>		14. NAME OF HUSBAND OR WIFE <u>CHAS. E. MITTS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>INSTITUTION RECORDS.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>	ANTECEDENT CAUSES				DUE TO (b) <u>Arteriosclerosis</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) <u>Hypertension</u>				DUE TO (c) <u>CardioRenal Syndrome</u>
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)					331X
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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>11-29-49</u> , to <u>12-3-49</u> , that I last saw the deceased alive on <u>12-3-49</u> , 19____, and that death occurred at <u>3:40 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>Centralia Mo</u>		23c. DATE SIGNED <u>12-3-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 5-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Chatham</u>	24d. LOCATION (City, town, or county) (State) <u>Chatham, Illinois.</u>		
DATE REC'D BY LOCAL REG. <u>Dec 3-1949</u>	REGISTRAR'S SIGNATURE <u>Maud McBride</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>PARIS, MO.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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District Health Officer No. 9,
District File Number

DEC 16 1949

RECEIVED DEC 14 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.

Signed W. B. Blaney

Signed _____
Student Embalmer

Licensed Embalmer No. 2416

P. O. Address Paris, Missouri,

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.