

FILED FEB 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

630

0270

0270

REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 5309 Registrar's No. 5

| | | | | | | | | | |
|---|--|--|---------------------------------------|---|--|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Cooper | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville Township | | c. LENGTH OF STAY (in this place) Life | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville Township | | 0270 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION At home | | | | d. STREET ADDRESS (If rural, give location) Rural | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Thomas | | b. (Middle) Stanley | | c. (Last) Mitchell | | 4. DATE OF DEATH (Month) (Day) (Year) January 23 rd 1950 | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH February 13 1884 | | | |
| 9. AGE (In years last birthday) 65 | | IF UNDER 1 YEAR Months | | IF UNDER 1 YEAR Days | | IF UNDER 14 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 Own Farm | | 11. BIRTHPLACE (State or foreign country) Cooper County, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S. | | | |
| 13a. FATHER'S NAME James P. Mitchell | | | 13b. MOTHER'S MAIDEN NAME Emma Farris | | | 14. NAME OF HUSBAND OR WIFE Matilda Allen Mitchell | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Matilda Mitchell, Boonville, 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Hemorrhage from gastric ulcer ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. myocarditis | | | | INTERVAL BETWEEN ONSET AND DEATH 8 hrs 5 1/2 X 2 yrs | |
| 19a. DATE OF OPERATION none | | 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) (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 May 1, 1949, to Jan 22, 1950, that I last saw the deceased alive on Jan 22, 1950, and that death occurred at 6:30 P.M., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE T.C. Beckitt MD (Degree or title) | | | | 23b. ADDRESS Boonville, Mo | | 23c. DATE SIGNED 1-25-50 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE January 25 th 1949 | | 24c. NAME OF CEMETERY OR CREMATORY Walnut Grove | | 24d. LOCATION (City, town, or county) (State) Boonville, Missouri. | | | |
| DATE REC'D BY LOCAL REG. Jan 25-50 | | REGISTRAR'S SIGNATURE D.C. Hooper 381 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Goodman & Boller, Boonville, Missouri. | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 30

District Health Officer No. 2

District File Number _____

Date Filed 2-7-50

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 Walter E. Moyer

Licensed Embalmer No. 44910

P. O. Address Boonville, 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 this body is not embalmed, fact should be so stated above.