

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16615

FILED MAY 23 1950

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Iron	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ironton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Arcadia Township	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital		d. STREET ADDRESS (If rural, give location) 3 1/2 miles west of Ironton	

3. NAME OF DECEASED (Type or Print) a. (First) Terrance b. (Middle) Henry c. (Last) Mitchell			4. DATE OF DEATH (Month) (Day) (Year) May 13 1950			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Dec. 29 1937	9. AGE (In years last birthday) 12	IF UNDER 1 YEAR 4 Months	IF UNDER 24 HRS. 14 Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) school boy		10b. KIND OF BUSINESS OR INDUSTRY public school		11. BIRTHPLACE (State or foreign country) Ironton Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Ollis J. Mitchell		13b. MOTHER'S MAIDEN NAME Mary Elizabeth Staab		14. NAME OF HUSBAND OR WIFE #	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ollis J. Mitchell, Ironton 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>General Peritonitis</i>		INTERVAL BETWEEN ONSET AND DEATH 8 days 5501
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Ruptured Appendix</i>		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION 5-9-50	19b. MAJOR FINDINGS OF OPERATION <i>General Peritonitis</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 5-9, 1950, to 5-13, 1950, that I last saw the deceased alive on 5-13, 1950, and that death occurred at 2 P. m., from the causes and on the date stated above.

23a. SIGNATURE <i>James W. ...</i> (Degree or title)	23b. ADDRESS Ironton Mo.	23c. DATE SIGNED 5-16-50
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 5-16-50	24c. NAME OF CEMETERY OR CREMATORY Pilot Knob Cemetery
		24d. LOCATION (City, town, or county) (State) Pilot Knob Missouri

DATE REC'D BY LOCAL REG. May 18 1950	REGISTRAR'S SIGNATURE <i>Mrs. ...</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Funeral Home, Ironton Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

550-700

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 *Arvid White* _____

Licensed Embalmer No. 3012 _____

P. O. Address *London New* _____

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.