

FILED MAY 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19159
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State File No. 18
Registrar's No. 18

BIRTH NO. _____ REG. DIST. NO. 359 PRIMARY REG. DIST. NO. 4526

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Sheldon</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sheldon</u>	
c. LENGTH OF STAY (in this place) <u>3 yrs</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>			
3. NAME OF DECEASED a. (First) <u>ELLIS</u> b. (Middle) <u>E</u> c. (Last) <u>MITCHELL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 3 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 13-1886</u>
9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Bethany, Ill</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>G.C. Mitchell</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Kutch</u>	14. NAME OF HUSBAND OR WIFE <u>Ollie Gray Mitchell</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ollie Mitchell Sheldon</u>
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) <u>Pulmonary tuberculosis</u> ANTECEDENT CAUSES <u>tuberculoepituberculosis</u> 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. <u>2000</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" 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) (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 <u>March 4, 1950</u> , to <u>May -3, 1950</u> , that I last saw the deceased alive on <u>5-3, 1950</u> , and that death occurred at <u>5a m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Name or title) <u>G.B. Bannister M.D.</u>		23b. ADDRESS <u>Sheldon Mo</u>	23c. DATE SIGNED <u>5-4-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/5/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sheldon</u>	24d. LOCATION (City, town, or county) (State) <u>Sheldon Mo.</u>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>May 8 1950 Mrs. Ruth Faith</u>	330	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>L. Gerald Berry Sheldon</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1080

1080

RECEIVED 5-16-50
District Health Officer No. 71
District File Number 4-20-510
Date Filed 5-16-50

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 _____

working under my personal supervision.

Student Embalmer No.

Signed L. Gerald Beeny

Signed.....
Student Embalmer

Licensed Embalmer No. 4203A

P. O. Address Shelton 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.