

FILED SEP 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27942

930

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

BIRTH NO. _____		REG. DIST. NO. <u>311</u>		PRIMARY REG. DIST. NO. <u>4456</u>		Registrar's No. <u>23</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Henry</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>Appleton City</u>		c. LENGTH OF STAY (in this place) <u>3 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Deepwater - Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>0420</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Appleton City Hospital</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lee</u>		b. (Middle) <u>Burgess</u>		c. (Last) <u>Mitchell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July-9-1950</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>		8. DATE OF BIRTH <u>June 29-1879</u>			
9. AGE (In years last birthday) <u>71</u>		10. MONTH <u>June</u> DAY <u>10</u> HOURS <u></u> MIN. <u></u>		9. AGE (In years last birthday) <u>71</u>		10. MONTH <u>June</u> DAY <u>10</u> HOURS <u></u> MIN. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, then if retired) <u>Meat cutter</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Meat Market</u>		11. BIRTHPLACE (State or foreign country) <u>Mo.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>									
13a. FATHER'S NAME <u>John E. Mitchell</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza E. Evans</u>		14. NAME OF HUSBAND OR WIFE _____					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>484-16-5933</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hessie Foster</u> ADDRESS <u>Appleton City Mo.</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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach</u>				ANTECEDENT CAUSES					
Morbidity 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>151X</u>	
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 type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>7 am</u> , 19 <u>50</u> , to <u>9 pm</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>9 July</u> , 19 <u>50</u> , and that death occurred at <u>1:15</u> p.m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Walter M. [Signature]</u> (Degree or title)				23b. ADDRESS <u>Appleton City, Mo.</u>		23c. DATE SIGNED <u>10 July 50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>July 11-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Englewood Cem Clinton</u>		24d. LOCATION (City, town, or county) (State) <u>Mo</u>			
DATE REC'D BY LOCAL REG. <u>Sept. 5, 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. Olo Abney</u> <u>285</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Tom Hurst</u> ADDRESS <u>Deepwater, Mo.</u>					

RECEIVED ⁹⁻¹²
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 9-12-58

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 Tom Hunt

Licensed Embalmer No. 2782

P. O. Address Deepwater 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.