

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7909

State File No.

FILED MAR 21 1951

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Raytown</u>	
c. LENGTH OF STAY (in this place) <u>2 months</u>		d. STREET ADDRESS (If rural, give location) <u>10112 E. 65th Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Josephs Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Geraldine</u> b. (Middle) <u>K</u> c. (Last) <u>Mitchell</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 11 1951</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 25, 1916</u>	9. AGE (In years last birthday) <u>35</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Victor B. Bryan</u>	13b. MOTHER'S MAIDEN NAME <u>Virginia Henson</u>	14. NAME OF HUSBAND OR WIFE <u>Merrill Mitchell</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>496-16-3957</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Donald Bryan</u>	ADDRESS <u>7135 Olive K.C., Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Renal failure</u> ANTECEDENT CAUSES DUE TO (b) <u>Chronic infection</u> DUE TO (c) <u>Multiple traumatic wounds and fractures due to accidental injury (automobile)</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2</u> <u>8 1/2</u>
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19a. DATE OF OPERATION <u>1/11/51</u>	19b. MAJOR FINDINGS OF OPERATION <u>multiple wounds, bladder & cecal tears</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway #0</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cooper Missouri</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1 11 1951 10 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Lost control of car on curve</u>

22. I hereby certify that I attended the deceased from 7/11, 1951, to 3/11, 1951, that I last saw the deceased alive on 3/10, 1951, and that death occurred at 9:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wg Paune MD</u>	23b. ADDRESS <u>Boonville, Mo.</u>	23c. DATE SIGNED <u>3/11/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3/11/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Monett Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Monett, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>3-11-51</u>	REGISTRAR'S SIGNATURE <u>De Hooper</u>	52. FUNERAL DIRECTOR'S SIGNATURE <u>Earp & Sons</u>	ADDRESS <u>4139 Truman Rd. KC, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0272
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RECEIVED 3-20-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 3-20-51

MAY 2 1951
MAY 10 1951
MAY 27 1951

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

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working under my personal supervision.

Student Embalmer No.

Signed *John B. [Signature]*

Signed
Student Embalmer

Licensed Embalmer No. 2955-

P. O. Address *H.C. [Signature]*

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.