

5. No. 300
V. 10-48

FILED MAR 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11279

BIRTH NO. _____ REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 6148 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Castor		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Castor 1030	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) Bloomfield, Mo. Route # 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION --- at home			

3. NAME OF DECEASED (Type or Print) JIMMIE WAYNE MITCHELL	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH March 7, 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH June 19, 1950	9. AGE (In years last birthday) -- of UNDER 1 YEAR Months 8 Days 18 of UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ---	10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (State or foreign country) Avert, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME Johnnie Mitchell	13b. MOTHER'S MAIDEN NAME Louise Long	14. NAME OF HUSBAND OR WIFE ---
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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. None	17. INFORMANT'S SIGNATURE OR NAME Johnnie Mitchell, Bloomfield, Mo. R.1.	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 DAYS 6 DAYS 0851
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRONCHIAL PNEUMONIA		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) MEASLES 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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **3-6**, 19**51**, to **3-7**, 19**51**, that I last saw the deceased alive on **3-7**, 19**51**, and that death occurred at **11:10 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]	23b. ADDRESS Bloomfield	23c. DATE SIGNED 3-10-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 8, 51	24c. NAME OF CEMETERY OR CREMATORY Walker cemetery	24d. LOCATION (City, town, or county) (State) Stoddard Co. Missouri
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DATE REC'D BY LOCAL REG. Mar. 23-1951	REGISTRAR'S SIGNATURE Rose Webber	25. FUNERAL DIRECTOR'S SIGNATURE CHILES UND. CO.	ADDRESS Bloomfield, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

11030

RECEIVED

MAR 27 1951

DISTRICT HEALTH OFFICE No. 6

File No.

Handwritten notes:
MAY 14 1951
2-11-51

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..... **No Embalming.**

Signed.....
Student Embalmer

Licensed Embalmer No.

P. O. Address.....

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.