

FILED AUG 15 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24100  
Registrar's No. 187

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3052

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Moberly</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Moberly</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>McCormick Osteopathic Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>544 Hagood</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Homer</b> b. (Middle) <b>Heberland</b> c. (Last) <b>Mitchell</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>August 6 1951</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 26, 1875</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>10</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Rtd</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>M.K+T.R.R</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>William Mitchell</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Mamie Mitchell</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Mamie Mitchell, Moberly Mo</b>	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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Hepatitis</b>		
	ANTECEDENT CAUSES 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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?

22. I hereby certify that I attended the deceased from 5 Aug, 1951, to 6 Aug, 1951, that I last saw the deceased alive on 5 Aug, 1951, and that death occurred at 6 9 m., from the causes and on the date stated above.

23a. SIGNATURE <b>John S. Haycock DO</b> (Degree or title)	23b. ADDRESS <b>220 W Reed St. Moberly</b>	23c. DATE SIGNED <b>6 Aug 51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug 8, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oakland</b>	24d. LOCATION (City, town, or county) (State) <b>Moberly, Mo</b>
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DATE REC'D BY LOCAL REG. <b>Aug 8-51</b>	REGISTRAR'S SIGNATURE <b>Leah E. ...</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Moh ...</b>	ADDRESS <b>Moberly Mo</b>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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111-20000

Date Received: **AUG 13 1951**  
DISTRICT HEALTH OFFICE #2  
District File Number *8-51-1440*  
Date Filed: **AUG 14 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Frank B. Witt*

Licensed Embalmer No. *3021*

P. O. Address *Proberly, 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.