

FILED SEP 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26741

BIRTH NO. _____		REG. DIST. NO. 144		PRIMARY REG. DIST. NO. 5562		Registrar's No. 28		
1. PLACE OF DEATH a. COUNTY Iron 0470				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Iron				
b. CITY (If outside corporate limits, write RURAL and give township) Rural-Arcadia		c. LENGTH OF STAY (In this place) 2 1/2 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Rural-Arcadia 0470				
d. FULL NAME OF HOSPITAL OR INSTITUTION The Home for aged Baptists				d. STREET ADDRESS (If rural, give location) 1 1/2 miles East on Highway 90				
3. NAME OF DECEASED (Type or Print) Ida		a. (First)		b. (Middle) Mitchem		c. (Last)		
4. DATE OF DEATH Sept. 11, 1951		4. DATE OF DEATH (Month) (Day) (Year)						
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May 11, 1880		
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR 3 Months		IF UNDER 12 HRS. 21 Hours				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Clerk			10b. KIND OF BUSINESS OR INDUSTRY Moringlan Co		11. BIRTHPLACE (State or foreign country) Racine, Wisconsin		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Joseph Versen			13b. MOTHER'S MAIDEN NAME Josephine Harlis			14. NAME OF HUSBAND OR WIFE Louis Mitchem		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS J. H. Busney, Ironton, Mo				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) far advanced carcinoma of intestines ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH ?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 153x					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 8-19, 1951, to 9-1, 1951, that I last saw the deceased alive on 8-19, 1951, and that death occurred at 11:10 am., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) R. E. Harland, M.D.				23b. ADDRESS Ironton, Mo		23c. DATE SIGNED 9-7-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-3-51		24c. NAME OF CEMETERY OR CREMATORY Baptist Home Cemetery		24d. LOCATION (City, town, or county) (State) Ironton, Mo		
DATE REC'D BY LOCAL REG. Sept. 14, 1951		REGISTRAR'S SIGNATURE Mrs. Aris Jones		25. FUNERAL DIRECTOR'S SIGNATURE White Funeral Home		ADDRESS Ironton		

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

264

SEP 26 1951

RECEIVED

SEP 14 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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 *Russell J. White*.....

Licensed Embalmer No. *3012*.....

P. O. Address *Durham N.C.*.....

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.