No. 300
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FILED FEB 29 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6968

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 33

1. PLACE OF DEATH:
a. COUNTY: SCOTT
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SIKESTON
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 712 SIKES

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: SCOTT
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SIKESTON 1003
d. STREET ADDRESS (If rural, give location): 712 SIKES 0

3. NAME OF DECEASED (Type or Print)
a. (First): CLAY
b. (Middle): ALEXANDER
c. (Last): MITCHELL

4. DATE OF DEATH (Month) (Day) (Year): JAN 28 1952

5. SEX: MALE 0

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1

8. DATE OF BIRTH: JUNE 7 1894

9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): WHOLESALE FRUIT + PRODUCE INS. AGENCY

10b. KIND OF BUSINESS OR INDUSTRY: MARKET INSURANCE

11. BIRTHPLACE (State or foreign country): NEW MADRID MO 0

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: CHAS LAVALLE MITCHELL

13b. MOTHER'S MAIDEN NAME: SARAH JANE WATSON

14. NAME OF HUSBAND OR WIFE: LUCILLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WWI

16. SOCIAL SECURITY NO.: 489-05-8688

17. INFORMANT'S SIGNATURE OR NAME — ADDRESS

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion with Myocardial Infarction

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: 4201

20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-28, 1952, *to* 1-28, 1952, *that I last saw the deceased alive on* 1-28, 1952, *and that death occurred at* 12:30 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 0

23b. ADDRESS: 412 Tanner, Sikeston, Mo.

23c. DATE SIGNED: 2-8-'52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL 11

24b. DATE: 1-30-52

24c. NAME OF CEMETERY OR CREMATORY: MEMORIAL PARK

24d. LOCATION (City, town, or county) (State): Sikeston Mo

DATE REC'D BY LOCAL REG.: 2-18-52

REGISTRAR'S SIGNATURE: Mrs Ella Hunter 429

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Welsh Funeral Home-Sikeston Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 25 1952
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 252-51

FEB 29 1952

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 Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston Mo

Signed ——
Student Embalmer

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.