

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13028**
1625

FILED APR 19 1952
BIRTH NO. **21675**

REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No.

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (in this place) 6 Hrs. 15 M		d. STREET ADDRESS (If rural, give location) 1242 Harrison	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1			
3. NAME OF DECEASED (Type or Print) a. (First) Lawrence Allen		b. (Middle) *****	
c. (Last) Mitchell		4. DATE OF DEATH (Month) (Day) (Year) 4 7 52	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH April 7 1952
9. AGE (In years last birthday) 6		10. CITIZEN OF WHAT COUNTRY? USA	
11. BIRTHPLACE (State or foreign country) Kansas City, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Oakley E. Mitchell		13b. MOTHER'S MAIDEN NAME Joyce C. Gann	
14. NAME OF HUSBAND OR WIFE *****		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. *****		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lawrence E Mitchell 1242 Harrison K.C. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES			
Morbidity 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 checked="" type="checkbox"/> NO <input 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) (Min.)		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 April 7, 1952 to April 7, 1952 , that I last saw the deceased alive on April 7, 1952 , and that death occurred at 12:50 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE R.I. Burns		23b. ADDRESS 24th & Cherry	
23c. DATE SIGNED 4-8-52		24. LOCATION (City, town, or county) (State) Kansas City, Missouri	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr 9-1952	
24c. NAME OF CEMETERY OR CREMATORY Green Lawn		24d. NAME OF CEMETERY OR CREMATORY Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 4-9-52		REGISTRAR'S SIGNATURE Steveldine Holmes	
25. FUNERAL DIRECTOR'S SIGNATURE Mrs C.L. Forster		ADDRESS 918 Brooklyn K.C. Mo.	

(Licensed Embalmer's Statement on Reverse Side)

R. Skellman

(1905) 4

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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.....
Student Embalmer

Signed *J. August Herold*

Licensed Embalmer No. *3599*

P. O. Address *H. C. No.*

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.