

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15653**

FILED MAY 19 1952

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 504

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| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph | | c. LENGTH OF STAY (in this place) 54 years | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 3501 So. 16th St. | | d. STREET ADDRESS (If rural, give location) 3501 So. 16th St. | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Ruth | | b. (Middle) Marie | |
| c. (Last) Mitchell | | 4. DATE OF DEATH (Month) (Day) (Year) May 9, 1952 | |
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Married</u> (Specify) | 8. DATE OF BIRTH April 14, 1892 |
| 9. AGE (In years last birthday) 60 | | IF UNDER 1 YEAR Months Days | IF UNDER 2 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | | 10b. KIND OF BUSINESS OR INDUSTRY own home | 11. BIRTHPLACE (State or foreign country) Atchison, Kansas |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME unk. Fowler | |
| 13b. MOTHER'S MAIDEN NAME Ada Hunt Putman | | 14. NAME OF HUSBAND OR WIFE Michael H. Mitchell | |
| 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. unk. | |
| 17. INFORMANT'S SIGNATURE OR NAME Mr. Michael Mitchell | | ADDRESS 3501 S. 16th, St. Joseph, 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) Carcinoma to cervix (Epidermoid) ANTECEDENT CAUSES Metastatic Carcinoma to Abdomen DUE TO (b) Cachexia 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 8-4-51 ? 30 | | 19a. DATE OF OPERATION 8-4-51 | |
| 19b. MAJOR FINDINGS OF OPERATION Epidermoid Carcinoma to Cervix | | 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 7-30, 1951 , to 5-9, 1952 that I last saw the deceased alive on 5-3, 1952 , and that death occurred at 8:45 p. m. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Wm B. Bowman | | (Degree or title) | |
| 23b. ADDRESS 916 No 10 St | | 23c. DATE SIGNED 5-10-52 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 5/12/52 | |
| 24c. NAME OF CEMETERY OR CREMATORY Memorial Park | | 24d. LOCATION (City, town, or county) (State) St. Joseph Missouri | |
| DATE REC'D BY LOCAL REG. May 13, 1952 | | REGISTRAR'S SIGNATURE Carl C. Cash | |
| 25. FUNERAL DIRECTOR'S SIGNATURE Walter Bowman | | ADDRESS Funeral Home St. Joseph, Mo. | |

(Licensed Embalmer's Statement on Reverse Side)

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

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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 314 S. 10th St. Omaha, 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.