

FILED JUN 30 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19659

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 234

1. PLACE OF DEATH  
a. COUNTY Calloway  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton  
c. LENGTH OF STAY (In this place) 4-2-13  
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital No 1 Fulton Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Mo b. COUNTY Putnam  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Unionville 0860  
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED  
a. (First) JACK b. (Middle) \_\_\_\_\_ c. (Last) MITCHELL  
4. DATE OF DEATH (Month) (Day) (Year) June 25 1952

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 8. DATE OF BIRTH 6-6-1931 9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 21 0 19

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (State or foreign country) Unionville Mo 12. CITIZEN OF WHAT COUNTRY? American

13a. FATHER'S NAME Finis Mitchell 13b. MOTHER'S MAIDEN NAME PK 14. NAME OF HUSBAND OR WIFE None

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 Records State Hosp No 1 Fulton 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.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Pulmonary Tuberculosis  
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  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) 002X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) \_\_\_\_\_ 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 June 1 1952, to June 25, 1952, that I last saw the deceased alive on June 24, 1952, and that death occurred at 7a m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. A. Price M.D. 23b. ADDRESS State Hosp Fulton Mo 23c. DATE SIGNED 6-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify) buried 24b. DATE June 27/52 24c. NAME OF CEMETERY OR CREMATORY Unionville Mo 24d. LOCATION (City, town, or county) (State) Unionville Mo

DATE REC'D BY LOCAL REG. June 28-1952 REGISTRAR'S SIGNATURE Maretha Lawrence 426 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F. O. DUSTED Unionville Mo

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

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STATEMENT BY LICENSED EMBALMER

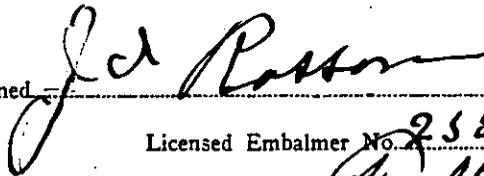
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed



Licensed Embalmer No. 2580

P. O. Address Greenville S.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.