U.S. No. 300
Rev. 10.48

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

FILED JUL 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25010

State File No.

BIRTH NO. REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 4293 Registrar's No. 23

1. PLACE OF DEATH
a. COUNTY: Lincoln 0510
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Elsberry
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):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Elsberry 0510
d. STREET ADDRESS (If rural, give location): North 3rd St.

3. NAME OF DECEASED (Type or Print): a. (First) Simeon b. (Middle) Akron c. (Last) Mitchell

4. DATE OF DEATH (Month) (Day) (Year): 6-30-1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH:
9. AGE (In years last birthday): 78. If under 1 year: Months Days. If under 1 hr.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Missouri
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Lewis E. Mitchell
13b. MOTHER'S MAIDEN NAME: Lucy White
14. NAME OF HUSBAND OR WIFE: Margaret A. Mitchell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs Homer D. Brown ADDRESS: Elsberry, Mo

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of liver — INTERVAL BETWEEN ONSET AND DEATH: 1 year

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: 1561
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* 3-1, 1952, *to* 6-30, 1952, *that I last saw the deceased alive on* 6-29, 1952, *and that death occurred at* 6 30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M. D.
23b. ADDRESS: Elsberry Mo
23c. DATE SIGNED: 7/1/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-2-1952
24c. NAME OF CEMETERY OR CREMATORY: Elsberry Cem.
24d. LOCATION (City, town, or county) (State): Elsberry Mo.

DATE REC'D BY LOCAL REG.: 7/25/52
REGISTRAR'S SIGNATURE: Mrs Clarence Kientzy
25. FUNERAL DIRECTOR'S SIGNATURE: Clifton Mills ADDRESS: Elsberry Mo

(Licensed Embalmer's Statement on Reverse Side)

JUL 30 1958

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~~ June 30-1958

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

working under my personal supervision.

Student .....
Student Embalmer

Signed Clifton Miller

Licensed Embalmer No. 3364

P. O. Address Elsberry, 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.