

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27338

SEP 13 1952

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

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|---|--|--|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>43</u> | | PRIMARY REG. DIST. NO. <u>5136</u> | | Registrar's No. <u>410</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Butler</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Harviell Beaver Dam Twp</u> | | c. LENGTH OF STAY (to this place) <u>2 years</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Harviell</u> | | 0120 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) | | | | d. STREET ADDRESS (If rural, give location) <u>Route one.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Mileana</u> | | b. (Middle) | | c. (Last) <u>Mitchell</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>8 19 1952</u> | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>Col.</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Mar</u> | | 8. DATE OF BIRTH <u>1-29-18</u> | |
| 9. AGE (In years last birthday) <u>71</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 9. AGE (In years last birthday) IF UNDER 1 YEAR <u>71</u> Months <u>6</u> Days <u>20</u> Hours _____ Min. | |
| 11. BIRTHPLACE (State or foreign country) <u>Mississippi</u> | | | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | |
| 13a. FATHER'S NAME <u>Joe Mc Grew</u> | | 13b. MOTHER'S MAIDEN NAME <u>Ellen Graften</u> | | 13c. NAME OF HUSBAND OR WIFE <u>deceased.</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Elizabeth Nickerson - Harviell</u> | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar pneumonia</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>chronic bronchitis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>none</u> 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 <u>490X</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Harviell - Butler, Mo.</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>none</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>Aug 8/12, 1952</u> to <u>Aug 19, 1952</u> , that I last saw the deceased alive on <u>Aug 18, 1952</u> , and that death occurred at <u>2:30 m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>D. E. White M.D.</u> (Degree or title) | | | | 23b. ADDRESS <u>Wagon Rd</u> | | 23c. DATE SIGNED <u>Aug 29/52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>aug. 26-52</u> | | 24b. DATE | | 24c. NAME OF CEMETERY OR CREMATORY <u>Croppersville Cetry.</u> | | 24d. LOCATION (City, town, or county) (State) <u>Harviell - Butler, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>Sept 2 1952</u> | | REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u> | | 425 - 25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred J. Smith</u> | | ADDRESS <u>Sikeston Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

SEP 10 1952

BUTLER CO. HEALTH CENTER

FILE No. 952-447

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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

Fred Smith

Licensed Embalmer No. 4408

P. O. Address Winton, 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.