

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33992

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

LED SEP 30 1952

BIRTH NO. _____		REG. DIST. NO. <u>353</u>		PRIMARY REG. DIST. NO. <u>6196</u>		Registrar's No. <u>21</u>	
1. PLACE OF DEATH a. COUNTY <u>Texas</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Sherman</u> c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Tx</u> b. COUNTY <u>Texas</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Sherman</u> 1070 d. STREET ADDRESS (If rural, give location) <u>45th St E of Licking Mo</u>			
3. NAME OF DECEASED a. (First) <u>Phlander Eli</u> b. (Middle) <u>Mitchell</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>9-14-1952</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>Jan 18, 1892</u>	
9. AGE (In years last birthday) <u>70-7-20</u>		10a. OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Licking Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Travis B Mitchell</u>		13b. MOTHER'S MAIDEN NAME <u>Fannie Wilson</u>		14. NAME OF HUSBAND OR WIFE <u>Dennice B Mitchell</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 <u>Waver C. Mitchell</u> ADDRESS <u>Licking Mo</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>Acute + extensive Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Coronary</u> DUE TO (c) <u>Heart Disease grade I to II</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Serum</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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)		4200	
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 <u>July 15, 1950</u> , to <u>July 15, 1950</u> , that I last saw the deceased alive on <u>July 15, 1950</u> , and that death occurred at <u>10:00 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W.C. Mitchell</u> (Degree or title)				23b. ADDRESS <u>Sherman Mo</u>		23c. DATE SIGNED <u>9/16/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>9-17-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Licking Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Licking Mo</u>	
DATE REC'D BY LOCAL REG. <u>9/24/52</u>		REGISTRAR'S SIGNATURE <u>Edwina Hessel</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Smith-Terguson</u> ADDRESS <u>Licking Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

070  
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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 *Erbert E. Ferguson* .....

Licensed Embalmer No. *3945* .....

P. O. Address *Fishing 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.