

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38827**
4961

FILED DEC 6 1952
BIRTH NO. **76700** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived if institution; residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (If this place) 1 Day		d. STREET ADDRESS (If rural, give location) 2613 Olive	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wheatley Hosp.			
3. NAME OF DECEASED a. (First) Clyde b. (Middle) Odell c. (Last) Mitchell Jr.		4. DATE OF DEATH (Month) (Day) (Year) 11-10-52	
5. SEX Male 6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	
8. DATE OF BIRTH Nov. 9, 1952		9. AGE (In years last birthday) IF UNDER 1 YEAR Months 1 Days 8 IF UNDER 24 HRS. Hours 1 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none	
11. BIRTHPLACE (State or foreign country) Kansas City, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Clyde Mitchell		13b. MOTHER'S MAIDEN NAME Frauline Connor	
14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Clyde Mitchell Sr.		ADDRESS 2613 Olive	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malformation of the Intestine ANTECEDENT CAUSES benign teratoma Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Abnormal attached to Infant through spine & sacro Intest. tract DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fusion Pregnancy		INTERVAL BETWEEN ONSET AND DEATH at Birth	
19a. DATE OF OPERATION 11-9-52		19b. MAJOR FINDINGS OF OPERATION Malformation of Gastro Intestinal Tract & Spine		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) 0		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) (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 **11-9-1952**, to **11-10-1952**, that I last saw the deceased alive on **11-10-1952**, and that death occurred at **7:30 pm.**, from the causes and on the date stated above.

23a. SIGNATURE Eugene P. Chatman (Degree or title) MD		23b. ADDRESS 2202 1/2 E. 18th St		23c. DATE SIGNED 11-11-52	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) Funeral		24b. DATE 11-12-52		24c. NAME OF CEMETERY OR CREMATORY Lincoln	
24d. LOCATION (City, town, or county) (State) K.C. Mo		25. FUNERAL DIRECTOR'S SIGNATURE Bryham & Jones ADDRESS 2300 E. 18th			
DATE REC'D BY LOCAL REG. 11-13-52		REGISTRAR'S SIGNATURE Geraldine Smith			

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Laurence A. Jones

Signed.....
Student Embalmer

Licensed Embalmer No. 4429

P. O. Address 2300 East 11th

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.