

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

4915

State File No.

MAR 2, 1953

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 258

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Washington b. COUNTY King	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Seattle 8460	
c. LENGTH OF STAY (in this place) 1 day		d. STREET ADDRESS (If rural, give location) McDermott Apt's 1520 Bellvue Ave.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Missouri Methodist Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) William	b. (Middle) R.	c. (Last) Mitchell	4. DATE OF DEATH (Month) (Day) (Year) February 20, 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH April 23, 1917	9. AGE (In years last birthday) 35	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Radio Technician	10b. KIND OF BUSINESS OR INDUSTRY Air Line Service, inc.	11. BIRTHPLACE (State or foreign country) Seattle, Washington	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME (Not Blood Father) Blake Chesney	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Marie Mitchell
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. WW #2. Navy 537-26-9415	17. INFORMANT'S SIGNATURE OR NAME Mrs. John M. Stokes	ADDRESS Bellingham, Wash.
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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		INTERVAL BETWEEN ONSET AND DEATH 17 hrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of skull with Intracranial hemorrhage		
	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.		E863X 39	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) yes SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> air plane	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Worth, Mo. - Farm	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (State) Worth, Missouri (County) Worth (State) 113
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2/19/53 5p m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? During Thunder Storm Airplane made emergency landing in ditch
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22. I hereby certify that I attended the deceased from 2/19, 1953, to 2/20, 1953, that I last saw the deceased alive on 2/19/53, and that death occurred at 9:30 Am., from the causes and on the date stated above.

23a. SIGNATURE <i>D. H. Ryan M.D.</i> (Degree or title)	23b. ADDRESS 301 N. 8th, St. Joseph, Mo.	23c. DATE SIGNED 2/23/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Feb. 21, 1953	24c. NAME OF CEMETERY OR CREMATORY Butterworth & Son F. Home	24d. LOCATION (City, town, or county) (State) Seattle, Washington. (State)
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DATE REC'D BY LOCAL REG. Feb 27, 1953	REGISTRAR'S SIGNATURE <i>Carl C. Carter</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Meierhoffer Fleeman</i>	ADDRESS <i>Funeral Home Inc. St. Joseph, Mo.</i>
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

APR 8 1953

DEC 8 1952

FEB 8 1953

MAR 11 1953

MAR 13 1953

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 _____

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Student Embalmer No. _____

working under my personal supervision.

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Student _____

Student Embalmer

Signed *Edward R. Harrington*

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

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.