

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35192

State File No. _____

FILED NOV 2-1953

Registrar's No. 346

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008

1. PLACE OF DEATH
a. COUNTY Callaway
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before adaptation).
a. STATE Mo b. COUNTY New Madrid

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton c. LENGTH OF STAY (in this place) 1-YR 2Da
c. CITY OR TOWN New Madrid d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital No 1 e. STREET ADDRESS (If rural, give location) 0721

3. NAME OF DECEASED a. (First) b. (Middle) c. (Last) 4. DATE OF DEATH (Month) (Day) (Year)
(Type or Print) M. Sheppard Mitchell Oct. 16 1953

5. SEX Male 2 6. COLOR OR RACE Colored 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH 3-2-1895 9. AGE (In years last birthday) 58 IF UNDER 1 YEAR Months 7 Days 14 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY Farm 11. BIRTHPLACE (City and State or Foreign Country) Louisiana 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Willis Mitchell 13b. MOTHER'S MAIDEN NAME Catherine ? 14. NAME OF HUSBAND OR WIFE Don't know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) D.K. 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hospital No 1 (State) Fulton, Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis
INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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 4222 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 July 8 6, 1953, to 10-16-1953, that I last saw the deceased alive on 10-16-1953, and that death occurred at 12:16 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. J. Miller M.D. 23b. ADDRESS State Hospital No 1, Fulton, Mo. 23c. DATE SIGNED 10-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 10-28-53 24c. NAME OF CEMETERY OR CREMATORY Leland Cemetery Leland, Mississippi 24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. Oct. 26-1953 REGISTRAR'S SIGNATURE 426 Martha Lawrence 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. Bell Fulton, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed, *Harry T. Bell*.....
Licensed Embalmer No. *486*

P. O. Address *Fulton, Ga.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.