

STANDARD CERTIFICATE OF DEATH

43562

State File No.

FILED DEC 28 1953

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 5677 Registrar's No. 22

1. PLACE OF DEATH
 a. COUNTY Livingston
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Chillicothe Twp.
 c. LENGTH OF STAY (In this place) 28 years
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3 miles east of Chillicothe

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE Missouri b. COUNTY Livingston
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Chillicothe Twp.
 d. STREET ADDRESS (If rural, give location) 3 miles east of Chillicothe

3. NAME OF DECEASED
 a. (First) Dorothy b. (Middle) Geraldine c. (Last) Mitchell

4. DATE OF DEATH (Month) (Day) (Year)
December 14, 1953

5. SEX Female 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH April 27, 1925

9. AGE (In years last birthday) 28
 IF UNDER 1 YEAR: Months _____ Days _____
 IF UNDER 10 HRS.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) Chillicothe, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Kelly Hughes

13b. MOTHER'S MAIDEN NAME Dolly Cutshall

14. NAME OF HUSBAND OR WIFE James E. Mitchell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify unknown) (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
J. E. Mitchell; R.R. 1; Chillicothe, Mo.

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) Drowning
 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. Has been in mental depression 6 months

INTERVAL BETWEEN ONSET AND DEATH
Instant

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) suicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Chillicothe Livingston Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)
Dec 14 53 10A m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR
He drowned himself in tub

22. I hereby certify that I attended the deceased from Nov 19, to _____, 19____, that I last saw the deceased alive on Dec 14, 1953, and that death occurred at 10A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
Joseph A. Conrad M.D. (Coroner)

23b. ADDRESS
Chillicothe, Mo

23c. DATE SIGNED
Dec 15-53

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
12-16-53

24c. NAME OF CEMETERY OR CREMATORY
Wheeling

24d. LOCATION (City, town, or county) (State)
Wheeling, Missouri

DATE REC'D BY LOCAL REG. 12-15-53 REGISTRAR'S SIGNATURE Francis B. Neill

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Norman Funeral Home; Chillicothe, Mo.

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

2050

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.....

Elton L. Norman

Signed.....
Student Embalmer

Licensed Embalmer No.....4036.....

P. O. Address Chillicothe, 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.