

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 12 1954

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 222

0030

0030

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

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Atchison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fairfax	c. LENGTH OF STAY (In this place) 10 da.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tarkio--rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fairfax Community Hospital		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) JOHN	a. (First)	b. (Middle) MENNISEE	c. (Last) MITCHELL	4. DATE OF DEATH (Month) (Day) (Year) January 3, 1954
--	------------	--------------------------------	------------------------------	---

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 2, 1871	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 9	IF UNDER 12 HRS. Hours 21	IF UNDER 15 MIN. Min.
-----------------------	----------------------------------	--	--	--	---------------------------------------	--	--------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming	10b. KIND OF BUSINESS OR INDUSTRY general farming	11. BIRTHPLACE (State or foreign country) Tarkio, Missouri.	12. CITIZEN OF WHAT COUNTRY? U.S
---	---	---	--

13a. FATHER'S NAME Anthony Mitchell	13b. MOTHER'S MAIDEN NAME Sarah Frances Menifee	14. NAME OF HUSBAND OR WIFE Ida Bell Mitchell
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME John Mitchell Gravity, Iowa.	ADDRESS
---	--	--	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal uremia			
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Advanced arteriosclerotic		
	DUE TO (c) Cardio-vascular disease		
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.		
	Benign prostatic hypertrophy		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 3/9/51, 1951, to 1/3/54, 1954, that I last saw the deceased alive on 1/3/54, 1954, and that death occurred at 1:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. H. Medermeier, M.D.	23b. ADDRESS Tarkio, Missouri.	23c. DATE SIGNED 1/5/54
---	--	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 1/5/54	24c. NAME OF CEMETERY OR CREMATORY Home Cemetery	24d. LOCATION (City, town, or county) (State) Tarkio, Mo.
--	----------------------------	--	---

DATE REC'D BY LOCAL REG. Jan 9, 1954	REGISTRAR'S SIGNATURE Harvin H. Schaefer	25. FUNERAL DIRECTOR'S SIGNATURE Davis Funeral Home	ADDRESS Tarkio, Mo.
--	--	---	-------------------------------

VS JUN 30 1950

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..... *Frost A. Browning*

Signed.....
Student Embalmer

Licensed Embalmer No..... 3338

P. O. Address Tarkio, 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.