No. 300
10.46

FILED APR 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11844

State File No.

BIRTH NO. REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 260

1. PLACE OF DEATH
a. COUNTY: Grundy
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Trenton
c. LENGTH OF STAY (In this place): 1 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Susan's Nursing Home

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

0592
1

3. NAME OF DECEASED (Type or Print)
a. (First): LIZZIE
b. (Middle):
c. (Last): MITCHELL

4. DATE OF DEATH (Month) (Day) (Year): 4/4/1954

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 10/31/1871
9. AGE (In years last birthday): 84 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: retired
11. BIRTHPLACE (State or foreign country): Livingston Co., Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James Skinner
13b. MOTHER'S MAIDEN NAME: Sarah Hawk
14. NAME OF HUSBAND OR WIFE: Thomas Mitchell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Lottie Swindler Braymer
ADDRESS: 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Artrio Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: about 2 yr

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
4500
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* Feb 2, 1953, *to* Apr 4, 1954, *that I last saw the deceased alive on* Mar 26, 1954, *and that death occurred at* 11 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. A. Duffy MD
23b. ADDRESS: Trenton Mo
23c. DATE SIGNED: Apr 7-54

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 4/7/1954
24c. NAME OF CEMETERY OR CREMATORY: McCroskie cemetery
24d. LOCATION (City, town, or county) (State): Livingston Co., Mo.

DATE REC'D BY LOCAL REG.: 4-7-54
REGISTRAR'S SIGNATURE: Irene Jarvis
25. FUNERAL DIRECTOR'S SIGNATURE: Michael Funeral Home
ADDRESS: Braymer, 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 .....
Student Embalmer

Signed Harold L Roberts

Licensed Embalmer No. 4920

P. O. Address Trenton, mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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