No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27882

BIRTH NO. aug REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 332

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

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Independence
c. LENGTH OF STAY (In this place) 2 da.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Indep. Sanitarium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Clay
c. CITY OR TOWN Liberty
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 133 N. Lightburne 6002

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

4. DATE OF DEATH (Month) (Day) (Year) Aug. 18-54

5. SEX male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Jan 12-1887
9. AGE (In years last birthday) 67 | IF UNDER 1 YEAR Months 7 Days 8 | 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) Missouri City, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Wm Mitchell
13b. MOTHER'S MAIDEN NAME Clara Simms
14. NAME OF HUSBAND OR WIFE Eula Mitchell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT'S SIGNATURE OR NAME Eula Mitchell ADDRESS Liberty 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) Intestinal Obstruction — INTERVAL BETWEEN ONSET AND DEATH: 5 days.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Mucoid carcinoma of sigmoid colon. — 6 mos.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*
Arterio-sclerotic heart disease
Athero-sclerotic cerebro-vascular disease.
Metastases

153 X

19a. DATE OF OPERATION 8/18/54
19b. MAJOR FINDINGS OF OPERATION Mucoid carcinoma of sigmoid colon, to omentum, liver, & peritoneum.
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* May, 1947, *to* Aug. 18, 1954, *that I last saw the deceased alive on* Aug. 18, 1954, *and that death occurred at* 3:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE S. O. Schroeder, (Degree or title) M.D.
23b. ADDRESS Liberty, Mo.
23c. DATE SIGNED 8/19/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Aug 18-54
24c. NAME OF CEMETERY OR CREMATORY Fairview
24d. LOCATION (City, town, or county) Liberty (State) Mo.

DATE REC'D BY LOCAL REG. 8-18-54
REGISTRAR'S SIGNATURE James [illegible] 354-0
25. FUNERAL DIRECTOR'S SIGNATURE Church-Archer Co. ADDRESS Liberty, Mo.

(Licensed Embalmer's Statement on Reverse Side)

MAY 10 1955

MAY 9 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John Lorberg

Licensed Embalmer No. 44

P. O. Address Silverton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.