

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**31171**

State File No. ....

**FILED SEP 27 1954**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5767 Registrar's No. 72

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|--|--|---|--|
| <b>1. PLACE OF DEATH</b><br>a. COUNTY <u>Lincoln</u>   |  | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before death.)<br>a. STATE <u>Missouri</u> b. COUNTY <u>St Louis</u>                   |  |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Bedford Twp</u> township) c. LENGTH OF STAY (in this place) <u>24 Days</u> |  | c. CITY OR TOWN <u>St Louis</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Lincoln Co. Memorial Hosp</u>          |  | STREET ADDRESS (If rural, give location) <u>Unknown</u> <u>2009</u>   |  |

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|--|--------------------------|-------------------------|---------------------------|--|
| <b>3. NAME OF DECEASED</b> (Type or Print) | a. (First) <u>Miller</u> | b. (Middle) <u>John</u> | c. (Last) <u>Mitchell</u> | <b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Sept. 13, 1954</u> |
|--|--------------------------|-------------------------|---------------------------|--|

|                           |                                      |  |  |  |  |  |
|---------------------------|--------------------------------------|--|--|--|--|--|
| <b>5. SEX</b> <u>Male</u> | <b>6. COLOR OR RACE</b> <u>Gypsy</u> | <b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u> | <b>8. DATE OF BIRTH</b> <u>Mar. 18, 1906</u> | <b>9. AGE</b> (In years last birthday) <u>48</u> | <b>IF UNDER 1 YEAR</b> Months _____ Days _____ | <b>IF UNDER 24 HRS.</b> Hours _____ Min. _____ |
|---------------------------|--------------------------------------|--|--|--|--|--|

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| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Coppersmith</u> | <b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>XXXX Unknown</u> | <b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>St Silver City, Colo.</u> | <b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u> |
|---|--|--|--|

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|--|---|---|
| <b>13a. FATHER'S NAME</b> <u>John Mitchell</u> | <b>13b. MOTHER'S MAIDEN NAME</b> <u>Paraskva George</u> | <b>14. NAME OF HUSBAND OR WIFE</b> <u>Putchula Mitchell</u> |
|--|---|---|

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| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>None</u> | <b>16. SOCIAL SECURITY NO.</b> <u>None</u> | <b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Frank Mitchell, St Louis Mo.</u> | <b>ADDRESS</b> |
|---|--|--|----------------|

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| <b>18. CAUSE OF DEATH</b><br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | <b>MEDICAL CERTIFICATION</b>  |  | <b>INTERVAL BETWEEN ONSET AND DEATH</b> |
|  | <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Mesenteric Embolus</u>   |  | <u>hours</u>                            |
|  | <b>ANTECEDENT CAUSES</b><br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) <u>Compensated Congestive Heart Failure</u><br>DUE TO (c) <u>Myocardial Infarction</u> |  | <u>23 days</u>                          |
| <b>II. OTHER SIGNIFICANT CONDITIONS</b><br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>none</u>  |   |  |   |

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

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|--|---|--|
| <b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____        | <b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____         | <b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____ |
| <b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____ | <b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | <b>21f. HOW DID INJURY OCCUR?</b> _____                      |

**22. I hereby certify that I attended the deceased from Aug 21, 1954, to Sept 13, 1954, that I last saw the deceased alive on Sept 13, 1954, and that death occurred at 12:03 P m., from the causes and on the date stated above.**

|  |                                    |  |
|--|------------------------------------|--|
| <b>23a. SIGNATURE</b> (Degree or title) <u>Thomas H. Newberry M.D.</u> | <b>23b. ADDRESS</b> <u>Troy Mo</u> | <b>23c. DATE SIGNED</b> <u>Sept 18, 1954</u> |
|--|------------------------------------|--|

|  |                                 |   |   |
|--|---------------------------------|---|---|
| <b>24a. BURIAL CREMATION REMOVAL</b> (Specify) <u>Burial</u> | <b>24b. DATE</b> <u>9/16/54</u> | <b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>St Matthews Cem.</u> | <b>24d. LOCATION</b> (City, town, or county) (State) <u>St Louis, Missouri.</u> |
|--|---------------------------------|---|---|

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| <b>DATE REC'D BY LOCAL REG.</b> <u>Sept 24-54</u> | <b>REGISTRAR'S SIGNATURE</b> <u>Emma R. Riddle</u> | <b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Kemper Funeral Home Troy, Missouri.</u> | <b>ADDRESS</b> |
|---|--|--|----------------|

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

570

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, ~~XXX~~ ..... Student Embalmer No. ....  
working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed, *Joseph J. Marsh* .....

Licensed Embalmer No. 3932

P. O. Address Troy, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.