

FILED DEC 20 1954

STANDARD CERTIFICATE OF DEATH

43156

State File No. ....

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

BIRTH NO. _____		REG. DIST. NO. <u>852</u>		PRIMARY REG. DIST. NO. <u>4577</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>Taney</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u>				
b. CITY OR TOWN <u>BRANSON</u>		c. LENGTH OF STAY (In this place) <u>6 mo</u>		c. CITY OR TOWN <u>Red Springs</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SKaggs Comm. Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>Red Springs 1040</u>				
3. NAME OF DECEASED (Type or Print) <u>William</u>			a. (First)		b. (Middle) <u>W</u>		c. (Last) <u>Mitchell</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 9, 1954</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		
8. DATE OF BIRTH <u>Oct 23 1874</u>		9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>16</u>		IF UNDER 12 HRS. Hours <u></u> Min. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>9</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13. FATHER'S NAME <u>James H. Mitchell</u>				
13b. MOTHER'S MAIDEN NAME _____				14. NAME OF HUSBAND OR WIFE _____				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION				
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cirrhosis of liver</u></p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <u>Generalized arteriosclerosis</u></p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>				
				<p>19a. DATE OF OPERATION _____</p> <p>19b. MAJOR FINDINGS OF OPERATION _____</p> <p>20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/></p>				
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) _____		21f. HOW DID INJURY OCCUR? _____		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>July, 1954</u> to <u>Dec 9, 1954</u> , that I last saw the deceased alive on <u>7 Dec, 1954</u> and that death occurred at <u>1:45 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>W.C. Magnus M.D.</u> (Degree or title)				23b. ADDRESS <u>Branson, Mo</u>		23c. DATE SIGNED <u>12/13/54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/11/1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Red Spring Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Red Springs Mo</u>		
DATE REC'D BY LOCAL REG. <u>12-25-54</u>		REGISTRAR'S SIGNATURE <u>J.E. Cogswell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R.O. Wheelchel</u> ADDRESS <u>Branson Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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.....  
Signature of Student Embalmer

Signed..... *Walter S. Cobb*

Licensed Embalmer No..... *473*

P. O. Address..... *Farmington*

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.