

FILED FEB 21 1955

STANDARD CERTIFICATE OF DEATH

State File No. **4033**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **15134** Registrar's No. **172**

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

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Virginia</b> b. COUNTY <b>Rockingham Co.</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural: Washington Twp.</b>		c. CITY OR TOWN <b>Mt. Crawford</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>1 month</b>		e. STREET ADDRESS (If rural, give location) <b>8450</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1 1/2 mi. south of City Limits RR #5, St. Joseph</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b> b. (Middle) <b>Henry</b> c. (Last) <b>Mitts</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>February 8, 1955</b>	
5. SEX <b>0</b> <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>January 14, 1877</b>
9. AGE (In years last birthday) <b>78</b>		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) <b>ret. machine operator</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Virginia</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Frank Mitts</b>	
13b. MOTHER'S MAIDEN NAME <b>Fannie Edwards</b>		14. NAME OF HUSBAND OR WIFE <b>Ottie F.</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Charles Mitts, R. R. #5, St. Joseph, Mo.</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 mo</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis generalized</b>		-
DUE TO (c) <b>Pneumonia on 1 Jan. 1955.</b>		
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 <b>4500</b>	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 **1 Jan 1955**, to **22 Jan 1955**, that I last saw the deceased live on **22 Jan 1955**, and that death occurred at **6:15 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. P. Motherhead</b>	(Degree or title)	23b. ADDRESS <b>MO 2603 Fredricks St. Joseph Mo</b>	23c. DATE SIGNED <b>Mo 9 Feb 55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	24b. DATE <b>2/8/1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bridgewater, Virginia</b>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <b>Feb 15, 1955</b>	REGISTRAR'S SIGNATURE <b>Bethen M. Allison</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Heaton, Bowman, St. Joseph Mo</b>	ADDRESS
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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 *William Spalding*.....

Licensed Embalmer No. *4535*

P. O. Address *3195 11th St*

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.