

FILED MAR 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7925

State File No.

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u> c. CITY OR TOWN <u>Lancaster</u>	
b. CITY OR TOWN <u>Bethany</u>		c. CITY OR TOWN <u>Lancaster</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Reid Hospital + Clinic</u>		e. STREET ADDRESS (If rural, give location)	

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

4. DATE OF DEATH (Month) (Day) (Year) March 18, 1955

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>July 14, 1896</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>4</u>	IF UNDER 1 HR. Hours <u></u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Magazine</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bath, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u></u>

13a. FATHER'S NAME James Herbert Mitchell 13b. MOTHER'S MAIDEN NAME Felicia Vaughn 14. NAME OF HUSBAND OR WIFE Bertie Mae Mitchell (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. 493-09-1270 17. INFORMANT'S SIGNATURE OR NAME James M. Mitchell ADDRESS Keokuk, Iowa

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure

ANTECEDENT CAUSES DUE TO (b) Arteriosclerotic Heart Disease

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 48 hrs
5 yrs.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION 1200 20. AUTOPSY? YES NO

21a. ACCIDENT (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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 2-9-55 to March 18, 1955, that I last saw the deceased alive on March 18, 1955, and that death occurred at 7:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William H. Thurgood J.D. 23b. ADDRESS Bethany, MO 23c. DATE SIGNED 3-19-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE March 21, 1955 24c. NAME OF CEMETERY OR CREMATORY Oddfellows Cem. 24d. LOCATION (City, town, or county) (State) Lancaster, Mo.

DATE REC'D BY LOCAL REG. 3/21/55 REGISTRAR'S SIGNATURE Zola Burris 116. _____ 25. FUNERAL DIRECTOR'S SIGNATURE Clark L. Touch ADDRESS Bethany, 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.....
Signature of Student Embalmer

Signed *Clark L. Touch*

Licensed Embalmer No. *483*

P. O. Address *Bethany*

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