

FILED JUN 3 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16862**
Registrar's No. **4167**

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.						
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.				c. LENGTH OF STAY (in this place) 8 days		c. CITY OR TOWN Overland		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL				e. STREET ADDRESS 2333 Dawes Place								
3. NAME OF DECEASED (Type or Print)			a. (First)		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year)			
Othel Vandever Mitchell									May 9, 1955			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 4, 1903		9. AGE (In years last birthday) 52		IF UNDER 1 YEAR Months Days		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator		10b. KIND OF BUSINESS OR INDUSTRY R.C. Can Corp.		11. BIRTHPLACE (City and State or Foreign Country) Palmyra, Mo.				12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Albert S. Mitchell			13b. MOTHER'S MAIDEN NAME Minnie Loudermilk			14. NAME OF HUSBAND OR WIFE Kathryn T. Mitchell						
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. 496-18-7423		17. INFORMANT'S SIGNATURE OR NAME Kathryn T. Mitchell						ADDRESS 2333-Dawes Pl.	
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Right Lung with metastases</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 6 mos.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION								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 163x							
22. I hereby certify that I attended the deceased from <u>Apr. 29</u> , 19 <u>55</u> , to <u>May 9</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>May 9</u> , 19 <u>55</u> , and that death occurred at <u>8:15 Am.</u> , from the causes and on the date stated above.												
23a. SIGNATURE <i>R. Demillion, M.D.</i>				(Degree or title) M.D.				23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 5/9/55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-11-1955		24c. NAME OF CEMETERY OR CREMATORY Palmyra Cemetery			24d. LOCATION (City, town, or county) (State) Palmyra, Mo. via Motor					
DATE REC'D BY LOCAL REG. MAY 10 1955		REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>				25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <i>Baumman Bros. Inc.</i> 2504-Woodson Rd-Overland, Mo.						

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 *David C. Gibson*.....

Licensed Embalmer No. *34*.....

P. O. Address *Portland*.....

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.