

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29992

State File No.

FILED SEP 27 1955

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3031 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>JEFF</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>De Soto</u>		c. CITY OR TOWN <u>De Soto</u>	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) <u>6 Mo.</u>		e. STREET ADDRESS (If rural, give location) <u>910 BLOW ST. 05050</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>910 BLOW ST.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>PRESS</u> b. (Middle) <u>—</u> c. (Last) <u>MITCHELL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 10 1955</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>Col.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY 8 1887</u>
9. AGE (In years last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RET. CUSTODIAN</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Y.M.H.A. BLDG.</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>VINELAND MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>BEN MITCHELL</u>	13b. MOTHER'S MAIDEN NAME <u>RACHAEL McSPADDEN</u>	14. NAME OF HUSBAND OR WIFE <u>EDITH MITCHELL</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>499-05-6910</u>	17. INFORMANT'S SIGNATURE OR NAME <u>EDITH MITCHELL</u> ADDRESS <u>910 BLOW ST. DE SOTO, MO.</u>

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>Coronary thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u>	
		DUPLICATE CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gen. arterio-sclerosis</u> <u>years</u>	
		DUE TO (c) <u>4201</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>			

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) <u>no</u>	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 Apr 15, 1955, to Sept 10, 1955, that I last saw the deceased alive on Sept 7, 1955, and that death occurred at 1:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. J. W. Hoffmeyer MD</u>	23b. ADDRESS <u>De Soto, Mo</u>	23c. DATE SIGNED <u>Sept 12, 55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>SEPT 13 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CITY CEMETERY</u>
24d. LOCATION (City, town, or county) (State) <u>De Soto MO</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Donald B. Dittus</u> ADDRESS <u>De Soto Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-17-55</u>	REGISTRAR'S SIGNATURE <u>Marie Parviz</u>	

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED
RECEIVED

SEP 20 1955

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 *Jonell B. Stetler*.....

Licensed Embalmer No. *410*.....

P. O. Address *Delta Mo*.....

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.