

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34124**

FILED OCT 17 1955

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

BIRTH NO. _____		REG. DIST. NO. <u>231</u>		PRIMARY REG. DIST. NO. <u>4346</u>		Registrar's No. <u>17</u>	
1. PLACE OF DEATH a. COUNTY Montgomery Co				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Montgomery			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Montgomery City Mo		c. LENGTH OF STAY (In this place) life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Montgomery City Mo		d. STREET ADDRESS (If rural, give location) none	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home				3. NAME OF DECEASED a. (First) Roy (Type or Print)			
b. (Middle) Edward		c. (Last) Mitchell		4. DATE OF DEATH (Month) <u>9</u> (Day) (Year) 10-2-1955			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH 11-18-1909	
9. AGE (In years last birthday) 45		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) Labor				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Montgomery City Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.A.				13a. FATHER'S NAME Walter Mitchell		13b. MOTHER'S MAIDEN NAME Martha Hickerson	
14. NAME OF HUSBAND OR WIFE Divorced from Pearl Gibson				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. 487-22-1425		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Walter Mitchell Montgomery City Mo					
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) _____							
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 976X							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Suicidal with 22 rifle							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
19c. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Montgomery City Mo Montgomery Mo			
21d. TIME OF INJURY (Month) <u>9</u> (Day) (Year) (Hour) 10-2-55 3:p m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? 22 rifle			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3: P m. , from the causes and on the date stated above.							
23a. SIGNATURE W. E. Robertson Coroner				23b. ADDRESS Montgomery City Mo		23c. DATE SIGNED 10-2-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-12-55		24c. NAME OF CEMETERY Graceland		24d. LOCATION (City, town, or county) (State) Montgomery City Mo	
DATE REC'D BY LOCAL REG. 10/11/1955		REGISTRAR'S SIGNATURE Laura B. Callaway		25. FUNERAL DIRECTOR'S SIGNATURE W. H. H. H.		ADDRESS MONTGOMERY CITY MO	

(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, ~~on~~ on the

II th day of October 1955

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed C. W. Hopkins

Licensed Embalmer No. 1487

P. O. Address Montgomery City 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 this body is not embalmed, fact should be so stated above.