

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37675**

FILED NOV 21 1955

BIRTH NO. _____ REG. DIST. NO. **272** PRIMARY REG. DIST. NO. **4403** Registrar's No. **41**

1. PLACE OF DEATH a. COUNTY Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Missouri	
b. CITY OR TOWN Steele		c. CITY OR TOWN Steele	
c. LENGTH OF STAY (In this place) 2 yrs		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		e. STREET ADDRESS (If rural, give location) N Walnut	

3. NAME OF DECEASED (Type or Print) a. (First) Lawrence b. (Middle) B c. (Last) Mitchell			4. DATE OF DEATH (Month) (Day) (Year) 11-8-55		
5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 10-18-1896		9. AGE (In years last birthday) 59 Months 0 Days 20 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY farm		11. BIRTHPLACE (City and State or Foreign Country) Randolph Miss	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME J.P. Mitchell		13b. MOTHER'S MAIDEN NAME Mattie Johnson		14. NAME OF HUSBAND OR WIFE Anna Mitchell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Anna Mitchell Steele 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		INTERVAL BETWEEN ONSET AND DEATH 30 min.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES DUE TO (b) Gen Arteriosclerosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		332x	

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) (Min)		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 July, 1954** to **28 Sept, 1955**, that I last saw the deceased alive on **28 Sept, 1955**, and that death occurred at **11:45 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E.L. Taylor MD		23b. ADDRESS Steele, Mo.		23c. DATE SIGNED 8 Nov. 55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-10-55		24c. NAME OF CEMETERY OR CREMATORY Mt Zion	
24d. LOCATION (City, town, or county) (State) Steele Mo		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Merron and Co. Steele			
DATE REC'D BY LOCAL REG. 11-15-55		REGISTRAR'S SIGNATURE E.L. Taylor			

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

150
1

11-331-55

NOV 19 1955

DEC 2

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE. PHONE 79
CARUTHERSVILLE, MO.

OCT 29 1957

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 *John H. Herman*

Licensed Embalmer No. *438*

P. O. Address *Hayti, 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.