

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

**5169**

**FILED DEC 28 1955**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1062 Registrar's No. ....

1. PLACE OF DEATH  
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City c. LENGTH OF STAY (In this place) 25 yrs.

c. CITY OR TOWN Kansas City d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2

e. STREET ADDRESS (If rural, give location) 2835 Bell 34<sup>th</sup>

3. NAME OF DECEASED (Type or Print)

a. (First) Ophelia b. (Middle) \_\_\_\_\_ c. (Last) Mitchell

4. DATE OF DEATH (Month) (Day) (Year) 11 21 1955

5. SEX Female 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH May 12, 1881 9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months 5 Days 4 IF UNDER 10 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY AT HOME 11. BIRTHPLACE (City and State of Foreign Country) Lawrence, Kas. 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Richard Page 13b. MOTHER'S MAIDEN NAME unknown 14. NAME OF HUSBAND OR WIFE Reuben Homer Mitchell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Nina Sims ADDRESS 2314 Highland

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

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Gastro intestinal hemorrhage

INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_

ANTECEDENT CAUSES

DUE TO (b) possible gastro intestinal malignancy.

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.

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19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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) (m.) \_\_\_\_\_ 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 10-24-55, 1955, to 11-21-55, 1955, that I last saw the deceased alive on 11-21-55, and that death occurred at 10:52 a m., from the causes and on the date stated above.

23a. SIGNATURE E. Frank Ellis MD (Degree or title) D \_\_\_\_\_ 23b. ADDRESS 600 East 22nd Street 23c. DATE SIGNED 11-22-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 12-8-55 24c. NAME OF CEMETERY OR CREMATORY K.C. College of Naturopathy 24d. LOCATION (City, town, or county) (State) Kansas City, Mo.

DATE REC'D BY LOCAL REG. 11-28-55 REGISTRAR'S SIGNATURE Nina Sims 25. FUNERAL DIRECTOR'S SIGNATURE Burham at Jones 1124 1/2 ADDRESS \_\_\_\_\_

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

6. 370  
0. 48

**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..... *Lauren A. [Signature]*

Licensed Embalmer No. ....

P. O. Address *2300 [Address]*

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.