

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13060

State File No.

FILED MAY 14 1956

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4214 Registrar's No. 179

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If in institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Larady</u>	
b. CITY OR TOWN <u>Deepwater Mo</u>		c. CITY OR TOWN <u>Trenton</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <u>400 Washington St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at Home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>William</u>	b. (Middle) <u>Marvin</u>	c. (Last) <u>Mitchell</u>	4. DATE OF DEATH	(Month) _____ (Day) <u>10</u> (Year) <u>1956</u>
-------------------------------------	---------------------------	---------------------------	---------------------------	------------------	--------------------------------------------------

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Sept 2-1896</u>	9. AGE (In years last birthday)	<u>59</u> Months <u>60</u> Days <u>8</u> Hours <u>0</u> Min.
--------------------	-------------------------------	--------------------------------------------------------	-------------------------------------	---------------------------------	--------------------------------------------------------------

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Engineer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--------------------------------------------------------------------------------------------------------	---------------------------------------------------	--------------------------------------------------------------------	--------------------------------------------

13a. FATHER'S NAME <u>Wm. Mitchell</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Ethel May Mitchell</u>
----------------------------------------	------------------------------------------	-------------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state branch or date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>1495-07-0936</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ethel May Mitchell</u>	ADDRESS <u>Trenton 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

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 5:15 PM, May 10 1956 death at home of the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>DOR Rosmond</u>	23b. ADDRESS <u>80 Deepwater Mo</u>	23c. DATE SIGNED <u>5-10-56</u>
-----------------------------------------------------	-------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>May 10-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Grove Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Trenton, Mo.</u>
----------------------------------------------------------	----------------------------	------------------------------------------------------------	-------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <u>5-10-56</u>	REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Hurst-Janssens</u>	ADDRESS <u>Funeral Home Deepwater, Mo.</u>
-----------------------------------------	--------------------------------------------	----------------------------------------------------	--------------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

210

MS NOV 9 1959

NOV 7 1959

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. *Tom [Signature]*.....

Licensed Embalmer No. *223*

P. O. Address *[Signature]*

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.