

FILED-APR 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **13412**
1555

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No.			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)					
a. COUNTY Jackson		b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		a. STATE Missouri		b. COUNTY Jackson			
c. LENGTH OF STAY (In this place) 1.5 yrs.		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hospital				11. STREET ADDRESS (If rural, give location) 828 E. 8th St., Kansas City, Mo.					
3. NAME OF DECEASED (Type or Print) FOREST S. MITCHELL				c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 4-8-56			
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 10-21-21			
9. AGE (In years last birthday) 34		IF UNDER 1 YEAR Months Days		IF UNDER 1 Wks. Hours Min.		12. COUNTRY OF WHAT COUNTRY? USA			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Unknown		11. BIRTHPLACE (City and State or Foreign Country) Tyler, Arkansas		12. COUNTRY OF WHAT COUNTRY? USA			
13a. FATHER'S NAME James Mitchell		13b. MOTHER'S MAIDEN NAME Luberta Starr		14. NAME OF HUSBAND OR WIFE Verna Mitchell					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes 10-23-45 to 1-14-47		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA Hospital Records, Kansas 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, asphyxia, 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) Infarction, massive, brain right frontal and parietal lobes				DUPLICATE CAUSES				24 hours	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Thrombosis, right middle cerebral artery				Unknown	
				DUE TO (c) Atherosclerosis, cerebral arteries				Unknown	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								332-X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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 April 7 1956 , to April 8, 1956 , and that death occurred at 7:55 P. m. , from the causes and on the date stated above.									
23a. SIGNATURE (Type or title) J. A. Turner M.D.				23b. ADDRESS VAH Kansas City, Mo.		23c. DATE SIGNED 4-8-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/14/56		24c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri			
DATE REC'D BY LOCAL REG. 4-10-56		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rob. Davis Funeral Home 1415 E Truman Rd. K.C. Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Landis H Jackson*.....

Licensed Embalmer No. *485*.....

P. O. Address *20, 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.