

FILED NOV 26 1956

STANDARD CERTIFICATE OF DEATH

State File No. 38837

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 4335 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <b>MONROE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>MONROE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>PARIS</b>	c. LENGTH OF STAY (in this place) <b>20 yrs.</b>	c. CITY OR TOWN <b>PARIS</b>	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 <b>211 So. WASHINGTON</b>		e. STREET ADDRESS (If rural, give location) <b>211 So. WASHINGTON</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>PAULINE</b> b. (Middle) <b>DAVIS</b> c. (Last) <b>MITCHELL</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>NOV. 21, 1956</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>SEPT. 22, 1883</b>	9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CLERK</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>ABSTRACT OF TITLE</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>MADISON Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>HIRAM T. DAVIS</b>	13b. MOTHER'S MAIDEN NAME <b>ELIZABETH HARPER</b>	14. NAME OF HUSBAND OR WIFE <b>ROY MITCHELL</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>486-38-5764</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>BILLY T. MITCHELL, PARIS, Mo.</b>

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>17 hrs.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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) <b>4201</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **11-21, 1956**, to **11-21, 1956**, that I last saw the deceased alive on **11-21, 1956**, and that death occurred at **6:30 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J.A. Barnett M.D.</b>	23b. ADDRESS <b>PARIS, Mo.</b>	23c. DATE SIGNED <b>11-23-56</b>
24a. BURIAL, CREMATION REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>11-23-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>SUNSET HILL CEM</b>
DATE REC'D BY LOCAL REG. <b>11-23-56</b>	REGISTRAR'S SIGNATURE <b>J.A. Barnett MD</b>	24d. LOCATION (City, town, or county) (State) <b>MADISON Mo.</b>
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Speed Blakey, PARIS, MISSOURI</b>		

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

3

---

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 *A. G. Blakey*.....

Licensed Embalmer No. 2614

P. O. Address PARIS, MISSOURI.....

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.