

FILED FEB 26 1957

STANDARD CERTIFICATE OF DEATH

State File No. 5472

BIRTH NO. _____		REG. DIST. NO. 195		PRIMARY REG. DIST. NO. 4306		Registrar's No. 16	
1. PLACE OF DEATH a. COUNTY McDonald				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY Jefferson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Goodman		c. LENGTH OF STAY (In this place) 2 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Valley Falls		8162	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home				d. STREET ADDRESS (If rural, give location) in Town			
3. NAME OF DECEASED (Type or Print) a. (First) Maud		b. (Middle) Lee		c. (Last) Mitchell		4. DATE OF DEATH (Month) (Day) (Year) Feb. 19, 1957	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) wid wed 9		8. DATE OF BIRTH April 30, 1878	
9. AGE (In years last birthday) 78		10. MONTHS 9		11. DAYS 20		12. IF UNDER 24 HRS. Hours Mins.	
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 or Foreign Country) Valley Falls, Kansas /		12. CITIZEN OF WHAT COUNTRY? USA /	
13a. FATHER'S NAME Frederick Diehl			13b. MOTHER'S MAIDEN NAME Katherine Miller			14. NAME OF HUSBAND OR WIFE Everett Mitchell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 511-32-44935		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Leonard A. Waite, Goodman, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Disease 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.				INTERVAL BETWEEN ONSET AND DEATH 2 years	
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) 4201			
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 2-19-1955, to 2-19-1957 that I last saw the deceased alive on 2-18-1957, and that death occurred at 6:00 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. H. C. Davis M.D.				23b. ADDRESS Neosho Mo		23c. DATE SIGNED 2-20-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2/20/57		24c. NAME OF CEMETERY OR CREMATORY Valley Falls Cemetery		24d. LOCATION (City, town, or county) (State) Valley Falls, Kansas.	
DATE REC'D BY LOCAL REG. 2-21-1957		REGISTRAR'S SIGNATURE Daisy Humphrey		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paff Funeral Home Goodman Mo.			

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

5600
No. 300
V. 10.48

423

1958 & J 1097

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
Student Embalmer

Signed Carl Rapp

Licensed Embalmer No. 3458

P. O. Address Anderson, 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 this body is not embalmed, fact should be so stated above.