

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13296

STATE FILE NUMBER

FILED APR 16 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1499

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE ARKANSAS b. COUNTY Scott			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN WALDRON		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR VETERANS ADM. HOSPITAL			Length of stay in 1b 11 days	d. STREET ADDRESS 8030 8 (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First GEORGE Middle A. Last MITCHELL				4. DATE OF DEATH March 29, 1957 Month Day Year			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH October 15, 1891		9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and state or country) Alanta, Nebraska		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME James Mitchell				14. MOTHER'S MAIDEN NAME Anna Busch			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI			15. SOCIAL SECURITY NO. 431 01 3203	17. INFORMANT Address VA Hospital Official Records, K. C. Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Air embolus.						INTERVAL BETWEEN ONSET AND DEATH 20 min.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of bladder						3 Mos.	
DUE TO (c) _____						1812	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. <input checked="" type="checkbox"/> attended the deceased from March 18, 1957 to March 29, 1957 xxxxxxxxxxxx Death occurred at 12:04 PM m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Raymond E. Yadon, M.D. (Degree or title)				22b. ADDRESS VA Hospital, Kansas City, Mo.		22c. DATE SIGNED 3/29/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE MARCH 30, 1957	23c. NAME OF CEMETERY OR CREMATORY —		23d. LOCATION (City, town, or county) (State) WALDRON ARKANSAS		
24. FUNERAL DIRECTOR ADDRESS D.W. NEWCOMER'S SONS, KANSAS CITY, MO.			25. DATE RECD. BY LOCAL REG. 3-30-57	26. REGISTRAR'S SIGNATURE Neva Minshall			

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STATE OF ILLINOIS

State of Illinois

Department of Health

Chicago, Ill.

TO THE BOARD OF HEALTH

CHICAGO

ILLINOIS

OF THE CITY OF CHICAGO

ILLINOIS

CHICAGO

ILLINOIS

STATE OF ILLINOIS DEPARTMENT OF HEALTH CHICAGO, ILL. 1918

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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 *Raymond M. Hardy* Licensed Embalmer No. 491

P. O. Address *Indep. M.*

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.