

FILED MAY 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17250
STATE FILE NUMBER
2113

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2113

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Race Nursing Home</u>		d. STREET ADDRESS (If outside, give location) <u>4432 Chestnut</u>	
3. NAME OF DECEASED (Type or print) First <u>MINNIE</u> Middle <u>M.</u> Last <u>MITCHELL</u>		4. DATE OF DEATH Month <u>May</u> Day <u>1</u> Year <u>1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 29 1870</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME - DOMESTIC</u>		11. BIRTHPLACE (City and state or country) <u>Shellrock, Iowa</u>	
13a. FATHER'S NAME <u>John Law</u>		14. NAME OF HUSBAND OR WIFE <u>Charles N. Mitchell</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT Address <u>2433 The Plaza K.C., Mo-</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH <u>39rs</u> <u>3yrs</u> <u>4500</u>	
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 <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. I attended the deceased from <u>3-1-57</u> to <u>5-1-57</u> and last saw her/him alive on <u>5-1-57</u> Death occurred at <u>6:30 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Frank Paul Laurenceau M.D.</u>		22b. ADDRESS <u>928 S. White Ave</u>	
22c. DATE SIGNED <u>5-1-57</u>		22d. PLACE OF SIGNATURE (City, town, or county) (State) <u>Kansas City Missouri</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>		23b. DATE <u>MAY 4 1957</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>D.W. NEWCOMER'S SONS</u>		23d. LOCATION (City, town, or county) (State) <u>Kansas City Missouri</u>	
24. FUNERAL DIRECTOR <u>D.W. Newcomer's Sons</u>		25. DATE RECD. BY LOCAL REG. <u>5-4-57</u>	
ADDRESS <u>1331 BROWN CREEK K.C., MO-</u>		26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u>	

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 *Everett D. Smith*

Licensed Embalmer No. *5001*
P. O. Address *K. C. ...*

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.