

Health, Welfare and Public Service  
 300-56  
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with asterisk. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

FILED JUN 26 1957

STATE FILE NUMBER 57022746

Registration District No. 318 Primary Registration District No. 1003 Registration No. 5719

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis, Mo</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>5031 Lotus Ave.</b>			Length of stay in lb		STREET ADDRESS <b>5031 Lotus Ave</b>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Vicie</b> Middle <b>Mitchum</b> Last <b>Mitchum</b>				4. DATE OF DEATH Month <b>6</b> Day <b>17</b> Year <b>1957</b>					
5. SEX <b>Female</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>February 2, 1881</b>		9. AGE (In years last birthday) <b>76</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Nil</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and state or country) <b>Fayetteville, Tennessee</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13. FATHER'S NAME <b>Willis Riggins</b>				14. MOTHER'S MAIDEN NAME <b>Mollie Flint</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>None</b>		17. INFORMANT <b>Vashti Miller 5031 Lotus Ave.</b> Address				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Ruptured Aortic Aneurysm</b>								INTERVAL BETWEEN ONSET AND DEATH <b>2-3 hrs</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) <b>Arteriosclerotic Cardiovascular Disease</b>								???	
DUE TO (b) <b>Cerebral Thrombosis</b>								???	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>451X</b>								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 _____ 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. I attended the deceased from <b>June 1955</b> to <b>6-17-57</b> and last saw her alive on <b>6-17-57</b> Death occurred at <b>5 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <b>William C. Benton, M.D.</b> (Denote or title)					22b. ADDRESS <b>H. N. Jefferson Ave. Suite # 327</b>			22c. DATE SIGNED <b>6-18-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)			
<b>Removal</b>		<b>6/22/57</b>		<b>Greenwood Cemetery</b>		<b>St. Louis County, Missouri</b>			
24. FUNERAL DIRECTOR <b>C. W. Roberts Und. Co 1416 N. Taylor Ave.</b> ADDRESS				25. DATE RECD. BY LOCAL REG. <b>JUN 19 57</b>		26. REGISTRAR'S SIGNATURE <b>J. Paul Smith, M.D.</b>			

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 James B. Carr  
Licensed Embalmer No. 46

P. O. Address Sec

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.