

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 106

FILED JAN 30 1958

Registration District No. 10

Primary Registration District No. 5037

Registrar's No. 23

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saltriver		c. CITY OR TOWN Mexico	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Neil Rest Home		d. STREET ADDRESS (If outside, give location) 603 W. Robinson	
3. NAME OF DECEASED (Type or print) Joe F. Mitchell		4. DATE OF DEATH Month Jan. Day 22 Year 1958	
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 Sept. 12, 1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Monroe Co., Mo.
13a. FATHER'S NAME Dave Mitchell		13b. MOTHER'S MAIDEN NAME Carrie Ragsdale	14. NAME OF HUSBAND OR WIFE Lela E. Mitchell
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs. Joe F. Mitchell, Mexico, 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) Arteriosclerotic Heart Disease DUE TO (b) Thrombosed arteries DUE TO (c) Diabetes Mellitus Mod. Severe			INTERVAL BETWEEN ONSET AND DEATH 2 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 260X			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. Month, Day, Year		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 Oct 1957 to Jan 22-58 and last saw him alive on Jan 22-58 Death occurred at 9:12 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Harold Lawrence M.D.		22b. ADDRESS Mexico, Mo.	
22c. DATE SIGNED 1-24-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan. 24, 58	23c. NAME OF CEMETERY OR CREMATORY Eastlawn	23d. LOCATION (City, town, or county) (State) Mexico, MO.
24. FUNERAL DIRECTOR ADDRESS Precht-Houston Mexico, Mo.		25. DATE RECD. BY LOCAL REG. Jan 24-1958	26. REGISTRAR'S SIGNATURE Blanche Neely

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JAN 20 1958

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 *Rafael P. Huesto*

Licensed Embalmer No. 4687 P. O. Address Mexico, Mo.

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.