

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 24 1958

STATE-FILE NUMBER 107

Registration District No. 10 Primary Registration District No. 5020 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Montgomery</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Martinsburg Mo</b>		c. CITY OR TOWN <b>Montgomery City Mo</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home</b>		d. STREET ADDRESS <b>none</b> (If outside, give location) <i>0762</i>	

3. NAME OF DECEASED (Type or print) First <b>William</b> Middle <b>Walter</b> Last <b>Mitchell</b>			4. DATE OF DEATH Month <b>I</b> Day <b>17</b> Year <b>1958</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept 9-1880</b>	9. AGE (In years last birthday) <b>77</b>	10. FUNDER 1 YEAR Months	11. FUNDER 1 YEAR Days	12. FUNDER 24 HRS. Hours	13. FUNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Mail Carrier</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Big Springs Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
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13a. FATHER'S NAME <b>Norris Mitchell</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Pratt</b>	14. NAME OF HUSBAND OR WIFE <b>Myrtle Mitchell</b>
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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>no</b>	17. INFORMANT Address <b>Mrs Glen Dryden Martinsburg Mo</b>
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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>Appoplexy</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>334X</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.)
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20c. TIME OF INJURY Hour _____ 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
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21. I attended the deceased from <b>Jan 11 -58</b> , to <b>Jan 17 -58</b> and last saw him alive on <b>1/17-58</b> Death occurred at <b>1/17 Martinsburg Mo 8:30 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) <b>Willis Fh Walls D.O.</b>	22b. ADDRESS <b>Wallerille Mo</b>	22c. DATE SIGNED <b>1/19/58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1-19-1958</b>	23c. NAME OF CEMETERY OR INTERMENT PLACE <b>Montgomery City Cem</b>	23d. LOCATION (City, town, or county) (State) <b>Montgomery City Mo</b>
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24. FUNERAL DIRECTOR ADDRESS <b>Montgomery City Mo</b>	25. DATE RECD. BY LOCAL REG. <b>Jan 19-1958</b>	26. REGISTRAR'S SIGNATURE <b>Blanche Reely</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JAN 29 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, ~~only~~ on the 17th day of Jan. 1958, Student Embalmer No. working under my personal supervision.

Student Signature of Student Embalmer

Signed G. W. Hopkins

Licensed Embalmer No. I487  
Montgomery City Mo  
P. O. Address

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.