

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029634
STATE FILE NUMBER

FILED AUG 19 1958 Registration District No. 200 Primary Registration District No. 3041 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Macon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Macon		c. CITY OR TOWN Macon	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 212 Rutherford		d. STREET ADDRESS (If outside, give location) 212 S. Rutherford	
Length of stay in 1b 5 yrs.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Winnetta Middle Othella Last Mitchell			4. DATE OF DEATH Month Aug. Day 1 Year 1958		
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5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 5, 1918	9. AGE (In years last birthday) 40	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Household Maid	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Macon, Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Albert Henderson	13b. MOTHER'S MAIDEN NAME Sadie Williams	14. NAME OF HUSBAND OR WIFE Orough Mitchell Jr.
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wgt. or dates of service) No	16. SOCIAL SECURITY NO. 489-36-3725	17. INFORMANT Orough Mitchell Jr	Address Macon, Mo.
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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) metastatic carcinoma primary site ovary		INTERVAL BETWEEN ONSET AND DEATH 1 yr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		1750
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"/>

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 Macon	COUNTY Missouri	STATE
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21. I attended the deceased from 4-14-58 to 8-1-58 and last saw her alive on 8-1-58 Death occurred at 3:15 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE G. L. Deesda D. O. J.	22b. ADDRESS Macon, Missouri	22c. DATE SIGNED 8-9-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug 4, 1958	23c. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.	23d. LOCATION (City, town, or county) Macon Mo.	(State)
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24. FUNERAL DIRECTOR Lester Sutton	ADDRESS Macon Mo.	25. DATE RECD. BY LOCAL REG. 8/9/58	26. REGISTRAR'S SIGNATURE Cuth M Sneeley
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

S. 308
1-57
0611

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 *Charles L. Shelton*

Licensed Embalmer No. *4577*
P. O. Address *Macon, 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.