

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038819

STATE FILE NUMBER

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 107

FILED DEC 2 1958

5. 300
1-57

1. PLACE OF DEATH
a. COUNTY Barton

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Barton

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamar Inside Limits Yes No

c. CITY OR TOWN Jasper Inside Limits Yes No

c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital Length of stay in lb 4m, 8d

d. STREET ADDRESS R#3 (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
DORA ETHEL MITCHELL Nov 22 1958

5. SEX F 6. COLOR OR RACE W 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Sept 4 1881 9. AGE (In years last birthday) 77 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Own home 11. BIRTHPLACE (City and state or country) Benton, Illinois 12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME William Suiter 13b. MOTHER'S MAIDEN NAME Eunice Belle Stillwaugh 14. NAME OF HUSBAND OR WIFE William T. 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. xxx 17. INFORMANT Address Mrs. Charles Cotton, Jasper, Mo. R#3

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pneumonia, Left lung
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cerebro-Vascular accident
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 Nov. 17, 58
7/9/58

19. WAS AUTOPSY PERFORMED? YES NO 2

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
331X

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT NOT WHILE AT WORK

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 Nov. 1945 to Nov. 22, 1958 and last saw her alive on Nov. 21, 1958
Death occurred at 5:15 a. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Genl. T. Biebel, M.D. (Degree or title) 22b. ADDRESS Lamar, Missouri 22c. DATE SIGNED 11/22/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Nov 24 1958 23c. NAME OF CEMETERY OR CREMATORY Lake 23d. LOCATION (City, town, or county) (State) Lamar, Missouri

24. FUNERAL DIRECTOR ADDRESS Konantz Funeral Home, Lamar, Missouri 25. DATE RECD. BY LOCAL REG. NOV 24 '58 26. REGISTRAR'S SIGNATURE Marie Konantz

All diseases in Part I must be causally related. Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

VS
AUG 25 1959

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 Carl J. Konantz

Licensed Embalmer No. 2247

P. O. Address Hamors, 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.