

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040717

STATE FILE NUMBER

FILED DEC 10 1958 Registration District No. 206 Primary Registration District No. 3042 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MADISON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>FREDERICKTOWN</u>		c. CITY OR TOWN <u>FREDERICKTOWN</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>407 THOST</u>		d. STREET ADDRESS (If outside, give location) <u>407 THOST</u>	
Length of stay in lb <u>30 yrs.</u>		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>MARVIN</u> Middle <u>WILLIAM</u> Last <u>MITCHELL</u>			4. DATE OF DEATH Month <u>NOV</u> Day <u>29</u> Year <u>1958</u>		
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>OCT. 22, 1892</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>9</u> Hours <u></u> Min. <u></u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER-LABORER</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>ST. FRANCIS Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13. FATHER'S NAME <u>CALVIN JOHN MITCHELL</u>	14. MOTHER'S MAIDEN NAME <u>LAVINA JANE BEARD</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>493-26-6699</u>	17. INFORMANT <u>MRS. IRENE WALLACE - ST. LOUIS, MO.</u>
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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) <u>Coronary thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Chronic myocarditis & coronary insufficiency</u>	
	DUE TO (c) _____	
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>4201</u>		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.) <u>4201</u>
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20c. TIME OF INJURY Hour _____ a. m. _____ p. m.	20d. INJURY OCCURRED	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>FREDERICKTOWN</u>	COUNTY _____ STATE _____
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21. I attended the deceased from <u>10/53</u> to <u>10/25/58</u> and last saw him alive on <u>10/25/58</u> Death occurred at <u>11:30</u> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>W. Moorman M.D.</u> (Degree or title)	22b. ADDRESS <u>FREDERICKTOWN MO</u>	22c. DATE SIGNED <u>12/4/58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>DEC. 4, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>LIBERTYVILLE METHODIST</u>	23d. LOCATION (City, town, or county) (State) <u>ST. FRANCIS Co. Mo.</u>
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24. FUNERAL DIRECTOR <u>J. Adelman</u>	ADDRESS <u>FREDERICKTOWN, MO.</u>	25. DATE RECD. BY LOCAL REG. <u>12-4-1958</u>	26. REGISTRAR'S SIGNATURE <u>Therence Hicks</u>
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health, Welfare public service
 300 1-56
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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

FILE NO. 1258-48

NEGATIVE

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 Raymond B. Wilson

Licensed Embalmer No. 488

P. O. Address Tredwell

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.