

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000813
STATE FILE NUMBER

FILED FEB 9 1959 Registration District No. 104 Primary Registration District No. 4176 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY DUNKLIN			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY DUNKLIN		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MALDEN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN MALDEN 03510		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 207 N. MARION		Length of stay in 1b 52 YRS.	d. STREET ADDRESS (If outside, give location) 207 N. MARION		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) DR. SAMUEL EVERETT MITCHELL			4. DATE OF DEATH FEB. 4-1959		
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-21-1872	9. AGE (In years last birthday) 86	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) MEDICAL DOCTOR		10b. KIND OF BUSINESS OR INDUSTRY M. D.	11. BIRTHPLACE (City and state or country) IRONTON, OHIO		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE SALLY 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 SALLY MITCHELL Address MALDEN, 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) CORONARY OCCLUSION					INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ARTERIOSCLEROSIS, GENERALIZED					10 YEARS
DUE TO (c)					
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.) 4201		
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 MALDEN		COUNTY MO. STATE
21. I attended the deceased from SEPT 1956 to 4 FEB 59 and last saw him alive on 3 FEB 59 Death occurred at 6:40 P. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Charles Williams, M.D. (Degree or title)			22b. ADDRESS MALDEN, MO.		22c. DATE SIGNED 2-5-59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 2-6-1959	23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK		23d. LOCATION (City, town, or county) (State) MALDEN MO.	
24. FUNERAL DIRECTOR D + K. FUNERAL SERV, MALDEN, MO.		ADDRESS	25. DATE RECD. BY LOCAL REG. 2-6-1959	26. REGISTRAR'S SIGNATURE J. J. Schuman	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MS APR 2 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 *J. W. Schuman*

Licensed Embalmer No. *4086*

P. O. Address *Malden*

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.