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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-006290
STATE FILE NUMBER

FILED MAR 9 1959 Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 26

1. PLACE OF DEATH
a. COUNTY Lincoln
b. CITY OR TOWN BEDFORD Township — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION LinCo.Memor.Hosp. — Length of stay in 1b 2 wks.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lincoln
c. CITY OR TOWN RFD - Elsberry — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS 8 mi. west of town (If outside, give location) — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First JUSTENA Middle MAE Last MITCHELL
4. DATE OF DEATH Month March Day 3 Year 1959
5. SEX female
6. COLOR OR RACE white
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Dec. 17, 1882
9. AGE (In years last birthday) 76 — 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) RFD - Elsberry, Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Walker Finley
13b. MOTHER'S MAIDEN NAME Mary Ann Finley
14. NAME OF HUSBAND OR WIFE Forrest Eugene Mitchell
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Husband Address Elsberry, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CARDIAC ARREST — 0
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ACUTE MYOCARDIAL INFARCTION — 1 minute
DUE TO (c) ARTERIOSCLEROTIC HEART DISEASE — 15-20 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ADENOCARCINOMA SIGMOID COLON
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ 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 2-18-59, to 3-3-59 and last saw her/him alive on 3-3-59
Death occurred at 10:35 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ralph A. Blackwell D.O. (Degree or title)
22b. ADDRESS Roy Missouri
22c. DATE SIGNED 3-5-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Mar. 5, 1959
23c. NAME OF CEMETERY OR CREMATORY Mill Creek Cemetery
23d. LOCATION (City, town, or county) (State) RFD - Whiteside, Mo.

24. FUNERAL DIRECTOR O.C. Ricks ADDRESS Elsberry, Mo.
25. DATE RECD. BY LOCAL REG. Mar. 6, 1959
26. REGISTRAR'S SIGNATURE Charlotte Leek

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 .....

Licensed Embalmer No. 4012

P. O. Address Elsberry, 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.