

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022466

STATE FILE NUMBER

Health,
& Welfare
Public
Service

S. 300
v. 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 casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JUL 10 1959 Registration District No. 290 Primary Registration District No. Registrar's No. 80

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Liberty..		c. CITY OR TOWN Richland, Missouri	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Richland, Mo Rural life.		d. STREET ADDRESS (If outside, give location) Rural Rt. # 1.	
3. NAME OF DECEASED (Type or print) First Samuel. Middle none. Last Mitschele.		4. DATE OF DEATH Month June Day 25 Year 1959	
5. SEX Male	6. COLOR OR RACE White.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 16, 1897
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer.		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) Richland, Missouri
13. FATHER'S NAME John Mitschele.		14. MOTHER'S MAIDEN NAME Sarah Caffey.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 488-24-6145	
17. INFORMANT Mrs. Irene Richter		Address Richland, 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) lung hemorrhage DUE TO (b) crisis of primary secondary DUE TO (c) cause of injury PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 163x			INTERVAL BETWEEN ONSET AND DEATH 20 min
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2			
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.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.			
20d. INJURY OCCURRED WHILE AT WORK <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 COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 2:00 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) L. L. Nippers D.O. 2		22b. ADDRESS Richland, Missouri	
		22c. DATE SIGNED 6/26/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/28/59	23c. NAME OF CEMETERY OR CREMATORY Elm Grove.	23d. LOCATION (City, town, or county) (State) Richland, Missouri
24. FUNERAL DIRECTOR Hedges Funeral Home Richland, Mo		25. DATE RECD. BY LOCAL REG. 6-28-59	26. REGISTRAR'S SIGNATURE Charles J. Anderson

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.....
Clarence Thross

Licensed Embalmer No. *4890*

P. O. Address *Waymerville*

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.