

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-026318

FILED VS AUG 11 1959 6

Registration District No. _____ Primary Registration District No. 3066 Registrar's No. 294

STATE FILE NUMBER

IDED

1. PLACE OF DEATH a. COUNTY St Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St Francois					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Framington		Length of stay in 1b 3 Mo.		c. CITY OR TOWN Gumbo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION White Way Nursing Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) None		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Ervin Middle Lonzo Last Mitchell				4. DATE OF DEATH Month Aug Day 2 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 May 2, 1875	9. AGE (last birthday) 84	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired labor			10b. KIND OF BUSINESS OR INDUSTRY Lead Mining		11. BIRTHPLACE (City and state or country) Newton, Ill.		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Frank Mitchell			13b. MOTHER'S MAIDEN NAME Mary Jane Land			14. NAME OF HUSBAND OR WIFE Mamie 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 Beulah Mahurin, Elvins, MO. Address _____				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic Pneumonia							INTERVAL BETWEEN ONSET AND DEATH 2 1/2 days		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Wrench Poisoning							3 days		
DUE TO (c) Cancer of Left Medulla & Colon							unk		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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.)					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year							
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 July 27, 1959 to Aug 2, 1959 and last saw her Aug 1, 1959 alive on 3:15 am on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) L. M. Stanley DO				22b. ADDRESS Framington, Mo				22c. DATE SIGNED 8/3/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug 4, 1959	23c. NAME OF CEMETERY OR CREMATORY Adams Cemetery		23d. LOCATION (City, town, or county) Frankclay Missouri				
24. FUNERAL DIRECTOR Bert L Boyer ADDRESS Leadwood, Mo.				25. DATE RECD. BY LOCAL REG. Aug 3, 1959		26. REGISTRAR'S SIGNATURE Ether Rindley			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Bert L. Boyer

Licensed Embalmer No. 3441

P. O. Address Leadwood, 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.