URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 23 1959

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 143

59-039766
STATE FILE NUMBER

AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY: HARRISON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: BETHANY
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: NOLL MEMORIAL
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: HARRISON
c. CITY OR TOWN: RURAL BETHANY TWP.
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 3 MILE S.E.
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First ROSS Middle EMIL Last MITCHELL
4. DATE OF DEATH: Month 11 Day 15 Year 1959
5. SEX: male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11-15-1904
9. AGE (last birthday): 55
IF UNDER 1 YEAR: Months 0 Days 0
IF UNDER 24 HR: Hours Min.
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): HARRISON COUNTY, MO.
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: GEORGE WILLIAM MITCHELL
13b. MOTHER'S MAIDEN NAME: INA HALL
14. NAME OF HUSBAND OR WIFE: GARNETT MAY MITCHELL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 496-42-2486
17. INFORMANT: GARNETT MAY MITCHELL, Address: BETHANY, MISSOURI

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute left heart Failure	3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Coronary Occlusion	5 years
DUE TO (c)	Acute Coronary Insufficiency	1 year

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. ☐ Yes ☐ No ☐ Unknown

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 12-9-1954 to 11-15-1959 and last saw him alive on 11-15-1959
Death occurred at Nov 15 1959 11:55 Am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: W. A. Broyles (Degree or title) M.D.
22b. ADDRESS: BETHANY, MISSOURI
22c. DATE SIGNED: 11-17-59

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 11-17-1959
23c. NAME OF CEMETERY OR CREMATORY: MIRIAM
23d. LOCATION (City, town, or county) (State): BETHANY, MO.

24. FUNERAL DIRECTOR: M. B. Shaw ADDRESS: BETHANY, MISSOURI
25. DATE RECD. BY LOCAL REG.: 11-17-1959
26. REGISTRAR'S SIGNATURE: Zella Maxey

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed M. B. Haas
Signature of Student Embalmer

M. B. HAAS

Licensed Embalmer No. 3899

P. O. Address BETHANY, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.