

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

84-60-005422

FILED VS. FEB 20 1960 53

Registration District No. 3009 Registrar's No. 84

STATE FILE NUMBER

| | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------|
| 1. PLACE OF DEATH a. COUNTY Cape Girardeau | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Gir. | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jackson | | Length of stay in 1b life | | c. CITY OR TOWN Jackson | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 508 N. Ohio St. | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 508 N. Ohio St. | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Alice Middle Elaine Last Mitchell | | | | 4. DATE OF DEATH Month Feb. Day 22 Year 1960 | | | |
| 5. SEX Female | 6. COLOR OR RACE Col. | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Baby Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH 9/27/59 | 9. AGE (last birthday) --- | IF UNDER 1 YEAR Months 5 Days | IF UNDER 24 HR Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) Jackson, Missouri | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME Ray Mitchell | | | 13b. MOTHER'S MAIDEN NAME Ruby Sides | | 14. NAME OF HUSBAND OR WIFE --- | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | | 16. SOCIAL SECURITY NO. --- | 17. INFORMANT Address Mrs. Ruby Mitchell, N. Ohio St., Jackson, 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) Bronchopneumonia DUE TO (b) Whooping Cough DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 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 Feb. 22nd, 1960 to Feb. 22nd, 1960 and last saw her alive on Feb. 22nd, 1960 Death occurred at Feb. 22nd, 1960 5:30 P. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <i>Robert L. Tindal</i> (Dee or title) | | | | 22b. ADDRESS Jackson, Missouri | | 22c. DATE SIGNED 2/24/60 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 2/26/60 | 23c. NAME OF CEMETERY OR CREMATORY Russell Hgts. Cemetery | | 23d. LOCATION (City, town, or county) Jackson, Mo. | | (State) | |
| 24. FUNERAL DIRECTOR <i>L.R. Sparks</i> ADDRESS Cape Girardeau, Mo. | | | 25. DATE RECD. BY LOCAL REG. 2-26-1960 | | 26. REGISTRAR'S SIGNATURE <i>Jimmie Kasten</i> | | |

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

Oliver H. Holmes

Licensed Embalmer No. 4192

P. O. Address Charleston

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