

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-026073

STATE FILE NUMBER

FILED VS AUG 8 1960

43

Primary Registration District No. _____

Registrar's No. _____

443

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) - a. STATE Mo. COUNTY New Madrid			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wappapello Lake		Length of stay in 1b few hours		c. CITY OR TOWN Parma		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION 12 Mi. NE Poplar Bluff				d. STREET ADDRESS Parma		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last John Thomas Mitchell			4. DATE OF DEATH Month Day Year July 23, 1960				
5. SEX M	6. COLOR OR RACE cauc.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Oct. 20, 1917	9. AGE (last birthday) 42 yrs.	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter			10b. KIND OF BUSINESS OR INDUSTRY Calhoun City Miss.		11. BIRTHPLACE (City and state or country) Calhoun City Miss.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Thomas E. Mitchell			13b. MOTHER'S MAIDEN NAME Myrtle Winters		13c. NAME OF HUSBAND OR WIFE Dorothy Mitchell		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.II			16. SOCIAL SECURITY NO. 499-32-0484		17. INFORMANT Dorothy Mitchell Parma, Mo.		
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) Asphyxiation							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Drowning							
DUE TO (c)							
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 SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Turned boat over sinking at			
20c. TIME OF INJURY Est. 6:30 a.m.	Hour Month, Day, Year 7-23-60						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Wappapello Lake		20f. CITY, TOWN, OR LOCATION Butler		COUNTY STATE mo	
21. I attended the deceased from _____, to _____ and last saw her him alive on _____. Death occurred at 6:25 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Grover W. Greer				22b. ADDRESS Poplar Bluff Mo		22c. DATE SIGNED 7/27-60	
23a. BURIAL, CREMATION, REBURY (Specify) Burial		23b. DATE July, 25, 1960	23c. NAME OF CEMETERY OR CREMATORY Memorial Park		23d. LOCATION (City, town, or county) (State) Madden Missouri		
24. FUNERAL DIRECTOR Watkins and Sons, Parma, Mo.				25. DATE RECD. BY LOCAL REG. 7/30/60		26. REGISTRAR'S SIGNATURE [Signature]	

AUG 11 1960

AUG 24 1960

JAN 24 1961

JAN 10 1961

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 Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter, 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.