

UNIFORM DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 30 1960

Biedel
-60-029582

Registration District No. 15 Primary Registration District No. 5066 Registrar's No. 88

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Barton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Doyleport Twn</u>		Length of stay in 1b <u>1 mo.</u>		c. CITY OR TOWN <u>Avilla Mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>None</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (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 <u>Theodore Shadrick Mitchell</u>				4. DATE OF DEATH Month Day Year <u>Aug. 25 1960</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>May 4 1874</u>		9. AGE (last birthday) <u>86</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>own farm</u>		11. BIRTHPLACE (City and state or country) <u>Iaclede Co. Tenn</u>		12. CITIZEN OF WHAT COUNTRY <u>US</u>					
13a. FATHER'S NAME <u>Shedrick Mitchell</u>				13b. MOTHER'S MAIDEN NAME <u>Adaline Mitchell</u>				14. NAME OF HUSBAND OR WIFE <u>Nellie Hord Mitchell</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Mrs. Irvin Spoon Sheldon Mo.</u> 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) <u>Acute Enteritis (Probably Virus)</u>										INTERVAL BETWEEN ONSET AND DEATH <u>Aug 10, '60</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Infermata of old age.</u>								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 <u>Aug 12, 1960</u> to <u>Aug 25, 60</u> and last saw him alive on <u>Aug 20, 1960</u> Death occurred at <u>12:35 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>Wm T Biedel, M.D.</u> (Degree title)						22b. ADDRESS <u>Jennar, Missouri</u>			22c. DATE SIGNED <u>8/26/60</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Aug. 27 60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Waters Cemetery</u>		23d. LOCATION (City, town, or county) <u>Jasper Co. Mo.</u>		(State)					
24. FUNERAL DIRECTOR <u>Beeny Funeral Home Sheldon Mo.</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>AUG 26 '60</u>		26. REGISTRAR'S SIGNATURE <u>Marie Kanantz</u>							

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 L. Grassie Benney

Licensed Embalmer No. 4953

P. O. Address Shelton

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