URL DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS SEP 9 1960

—60—033660

STATE FILE NUMBER

Registration District No. 379 Primary Registration District No. 4553 Registrar's No. 22

ENDED

1. PLACE OF DEATH
a. COUNTY Wright
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mansfield — Length of stay in 1b: 42 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mansfield Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Wright
c. CITY OR TOWN Lynchburg — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) North Star Route — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First ADDIE Middle BELLE Last MITCHELL

4. DATE OF DEATH: Month August Day 14, Year 1960

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 5/19/1896

9. AGE (last birthday): 64 Yrs — 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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (City and state or country): Rayborn, Missouri

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Joseph Willhite

13b. MOTHER'S MAIDEN NAME: Lou Oliphant

14. NAME OF HUSBAND OR WIFE: Wm M. Mitchell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Wm M.Mitchell — Address: Lynchburg, Missouri

MEDICAL CERTIFICATION

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)	Uremia & Bi-Lateral Pyonephritis	3 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Multiple Myeloma	8 mo.
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. ☐ 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 July 8, 1960, to August 14, '60 and last saw her alive on August 13, 1960

Death occurred at 4:15 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Richard E. Mitchell (Degree or title) D.O.

22b. ADDRESS Mountain Grove, Mo

22c. DATE SIGNED 8/18/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 8/16/1960

23c. NAME OF CEMETERY OR CREMATORY: Green Mountain Cemetery

23d. LOCATION (City, town, or county) (State): Wright County, Missouri

24. FUNERAL DIRECTOR: Barber Funeral Home — ADDRESS: Mtn.Grove, Mo

25. DATE RECD. BY LOCAL REG.: Aug. 23-60

26. REGISTRAR'S SIGNATURE: [illegible]

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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_____ Signed George Stapp

Signature of Student Embalmer

Licensed Embalmer No. 3461

P. O. Address Mt. Grove,

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