RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-047076

FILED VS DEC 2 0 1960 278 Registration District No. 3034 Primary Registration District No. 154 Registrar's No.

STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY Pike
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Louisiana
Length of stay in 1b: 2 Weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pike County Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Pike
c. CITY OR TOWN Louisiana
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) Dougherty Pike
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Fannie Middle Lou Last Mitchell
4. DATE OF DEATH: Month Dec Day 14 Year 1960
5. SEX: Female
6. COLOR OR RACE: Colored
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3/22/1882
9. AGE (last birthday): 78
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: Homemaking
11. BIRTHPLACE (City and state or country): Troy, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: George Porter
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Albert 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.: None
17. INFORMANT: Wm Griffith Address: Louisiana Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hepatic failure — INTERVAL BETWEEN ONSET AND DEATH: 1 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cirrhosis of liver — 6 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): Cholelithiasis
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 1957, to 12/14/60 and last saw her alive on 12/14/60
Death occurred at 6:25 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Chas. H Lewellen (Degree or title) M.D.
22b. ADDRESS Louisiana, Missouri
22c. DATE SIGNED 12/16/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Dec 17 1960
23c. NAME OF CEMETERY OR CREMATORY: Riverview Cemetery
23d. LOCATION (City, town, or county) (State): Louisiana Mo.
24. FUNERAL DIRECTOR ADDRESS: Sterne Funeral Home Louisiana Mo.
25. DATE RECD. BY LOCAL REG.: Dec 19-60
26. REGISTRAR'S SIGNATURE: Bernice Collier

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

JAN 24 1961

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed J B Sterne

Licensed Embalmer No. 4039

P. O. Address Louisia

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