

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-007317

STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 4244 Registrar's No. 37

FILED FEB 28 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

6490

8490

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97954

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1290-8

131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carterville		Length of stay in 1b 1 1/2 yrs.	c. CITY OR TOWN Carterville
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 217 Locust St.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 217 Locust
3. NAME OF DECEASED (Type or print) First Middle Last James H Mitchell			4. DATE OF DEATH Month Day Year February 22, 1963
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/11/1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife Former Night Watchman		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (last birthday) 74
11a. FATHER'S NAME Nelson Mitchell		11b. MOTHER'S MAIDEN NAME Mary Webster	11. BIRTHPLACE (City and state or country) St. James, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of no)		16. SOCIAL SECURITY NO. 46	17. INFORMANT Everitt E. Mitchell, Mansville, Okla.
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY)			
IMMEDIATE CAUSE (a) Natural Causes			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
DUE TO (b)			
DUE TO (c) He was found dead in home, Coroner Fuhr			
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.
investigated and determined death due to natural causes.			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (If agree or title) Mrs. Madeline Switzer		22b. ADDRESS L.R. Webb City, Mo.	22c. DATE SIGNED 2-25-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/25/1963	23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Park	23d. LOCATION (City, town, or county) (State) Joplin, Missouri
24. FUNERAL DIRECTOR Hedge-Lewis Funeral Home Webb City, Mo.		25. DATE RECD. BY LOCAL REG. 2-25-63	26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer

(Licensed Embalmer's Statement on Reverse Side)

MAR 1 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Richard Roy Lewis

Licensed Embalmer No. 4403

P. O. Address Webb City, 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.