

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-019372
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **FILED JUN 11 1963** Primary Registration District No. Registrar's No. **83**

VS 300
Rev. 4/59

1 0190
2 0191
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4 1
5 0
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7 0
8 2
9 762.5
10
11
12 2-0
13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt. Pleasant Township		Length of stay in 1b	c. CITY OR TOWN Belton
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 328th USAF Hospital Richards-Gebaur AFB, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 106 Carnegie, Apt 7
3. NAME OF DECEASED (Type or print) First Eugenia Middle Ann Last Mitchell		4. DATE OF DEATH Month June Day 4 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4 June 63
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (last birthday) IF UNDER 1 YEAR Months Days Hours Min. 1 1
13a. FATHER'S NAME Eugene Glenn Mitchell		13b. MOTHER'S MAIDEN NAME Maryann Metcalf	12. CITIZEN OF WHAT COUNTRY United States
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address Eugene G. Mitchell 106 Carnegie	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY... IMMEDIATE CAUSE (a) Atelectasis, bilateral			INTERVAL BETWEEN ONSET AND DEATH 61 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Prematurity with immaturity			
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFECT? YES <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 AM Month, Day, Year 4 June 1963		20f. CITY, TOWN, OR LOCATION Belton, Mo.	
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.)	
21. I attended the deceased from 4 June 1963 to 4 June 1963 and last saw ^{her} him alive on 4 June 1963 Death occurred at 0255 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) G. P. Kirkpatrick, Capt USAF MC		22b. ADDRESS 328th USAF Hospital Richards-Gebaur AFB, Mo.	
22c. DATE SIGNED 4 Jun 63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23c. NAME OF CEMETERY OR CREMATORY Belton Cemetery	
23b. DATE June 4, 1963		23d. LOCATION (City, town, or county) Belton, Mo.	
24. FUNERAL DIRECTOR E. K. George & Sons ADDRESS Belton, Mo.		25. DATE RECD. BY LOCAL REG. 6-5-63	
		26. REGISTRAR'S SIGNATURE Ray J. Schell	

USE BLACK INK OR TYPEWRITER RIBBON

STATE OF MASSACHUSETTS

DEPARTMENT OF HEALTH

EMBALMER

MASSACHUSETTS
DEPARTMENT OF HEALTH
BOSTON, MASSACHUSETTS

STATE OF MASSACHUSETTS
DEPARTMENT OF HEALTH
BOSTON, MASSACHUSETTS

DATE OF EMBALMING _____
PLACE OF EMBALMING _____
NAME OF DECEASED _____
AGE _____
SEX _____
RACE _____
RELIGION _____
CITY _____
COUNTY _____
STATE _____

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 E. George

Licensed Embalmer No. 3958

P. O. Address Beltan, Ma

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.