

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029098

STATE FILE NUMBER

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 109

FILED JUL 16 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10570

2 05701

3

4 0

5 1

6

7 0

8 0

9332X

10

11

12 1-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | | | | |
|--|---|---|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Lincoln</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bedford (twp)</u> | | Length of stay in 1b <u>5 da</u> | c. CITY OR TOWN <u>Hawkpoint</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lincoln County Memorial Hospital</u> | | | d. STREET ADDRESS (If outside, give location) <u>2 1/2 Miles North of Hawkpoint Mo.</u> | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>Frank</u> Middle <u>Wilmer</u> Last <u>Mitchell</u> | | | 4. DATE OF DEATH Month <u>July</u> Day <u>9</u> Year <u>1963</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>Jan. 30, 1882</u> | 9. AGE (last birthday) <u>81</u> | IF UNDER 1 YEAR Months <u>5</u> Days <u>9</u> Hours <u></u> Min. <u></u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | 11. BIRTHPLACE (City and state or country) <u>New Florence Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Sanford Mitchell</u> | | 13b. MOTHER'S MAIDEN NAME <u>Belle Cobb</u> | | 14. NAME OF HUSBAND OR WIFE <u>Bertha Mitchell</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, or dates of) <u>None</u> | | 16. SOCIAL SECURITY NO. <u></u> | 17. INFORMANT Address <u>Bertha Mitchell Hawkpoint Mo.</u> | | | |
| 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>Medullary failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebral Thrombosis</u> DUE TO (c) <u></u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u></u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u></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 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.) <u></u> | | | | |
| 20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a.m. <u></u> p.m. <u></u> | 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.) <u></u> | 20f. CITY, TOWN, OR LOCATION <u></u> | COUNTY <u></u> | STATE <u></u> | |
| 21. I attended the deceased from <u>10-5-61</u> to <u>July 9 1963</u> and last saw ^{him} alive on <u>July 9-63</u> Death occurred at <u>1405th</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | |
| 22a. SIGNATURE <u>Adron Homes</u> (Degree or title) | | | 22b. ADDRESS <u>Ray mo</u> | | 22c. DATE SIGNED <u>7-11-63</u> (State) | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>July 12 1963</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Sulphur Lick Cemetery</u> | | 23d. LOCATION (City, town, or county) <u>Lincoln County Mo.</u> | | |
| 24. FUNERAL DIRECTOR <u>Wayne McCoy</u> ADDRESS <u>Tracy mo</u> | | 25. DATE RECD. BY LOCAL REG. <u>7-11-1963</u> | 26. REGISTRAR'S SIGNATURE <u>Charlotte Leek</u> | | | |

USE BLACK INK OR TYPEWRITER RIBBON

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 D. W. McLaughlin

Licensed Embalmer No. 3586

P. O. Address Tracy 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.