

STANDARD CERTIFICATE OF DEATH

State File No. **23840**

FILED Jul 26 1945
Registration District No. **92**

Primary Registration District No. **5335**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Dade
(b) City or town Golden City Marion Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade
(c) City or town Golden City Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Olive Myrtle Mitts

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John W. Mitts 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased April 19, 1890
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>2</u>	<u>23</u>	hr. _____ min.

9. Birthplace Shelby Co., Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name L. J. Gwynn

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca E. Morris

15. Birthplace Shelby Co., Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant John W. Mitts

(b) Address Golden City, Mo.

17. (a) burial (b) Date thereof July 15, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I. O. O. F. Cem. Golden City

18. (a) Signature of funeral director Phillips Funeral Home

(b) Address Golden City, Mo.

19. (a) 7/12/1945 (b) Deanna M. Brewer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12
year 1945 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 1 to July 12, 1945
that I last saw him alive on July 11, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Ovary at last 3 yrs
Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 490
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

Where did injury occur? _____
(City or town) (County) (State)

(c) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature S. J. M. Brooks (M. D. or other) _____

Address Golden City, Mo. Date signed 7-12-45

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Officer No. 8

District File Number 745-792

Date Filed JUL 24 1945

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *H. H. Hough*

Licensed Embalmer No. 3278

P. O. Address Golden 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 this body is not embalmed, fact should be so stated above.