

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED MAY 12 1949

State File No. **13400**

No. 300
10.48
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BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5980 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY OR TOWN <u>Wishart</u>	c. LENGTH OF STAY (In this place) <u>3 years</u>	c. CITY OR TOWN <u>Wishart</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Village - 1/2 mi. N. of Wishart</u>		d. STREET ADDRESS (If rural, give location) <u>1/2 mi. N. of Wishart</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Gideon</u> c. (Last) <u>Mitchell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 1 1949</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9-8-1862</u>		9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>23</u>	IF UNDER 2 HRS. Hours <u>1</u> Min.
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10a. USUAL OCCUPATION (Give kind of work departing most of working life, even if retired) <u>Farmed</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Polk Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Arthur Mitchell</u>		13b. MOTHER'S MAIDEN NAME <u>Sally Ruppel</u>		14. NAME OF HUSBAND OR WIFE <u>Emerson Mitchell</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Arthur Mitchell</u>		ADDRESS <u>Wishart Mo</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aorta calciosis</u>				<u>5 or 6 hrs</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u>					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>7500</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>/</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>/</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 5 or 6 hrs to May 1, 1949, that I last saw the deceased alive on Apr 31, 1949, and that death occurred at 10:57 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. W. Bridges M.D.</u>		23b. ADDRESS <u>Salvador Mo</u>		23c. DATE SIGNED <u>5/4/49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>May 3 1949</u>	24c. NAME OF CEMETERY, OR CREMATORY <u>Marionville Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Marionville Mo</u>
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DATE REC'D BY LOCAL REG. <u>May 4 1949</u>	REGISTRAR'S SIGNATURE <u>Ralph Garden</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>25 J. E. Crum</u>	ADDRESS <u>Blue Soliman, Mo</u>
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(Enclosed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No

District File Number 4-49-5

Date Filed 5-9-49

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
Student Embalmer

Signed

Edward B. Ewing

Licensed Embalmer No. 3092

P. O. Address Baltimore, Md

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.