

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

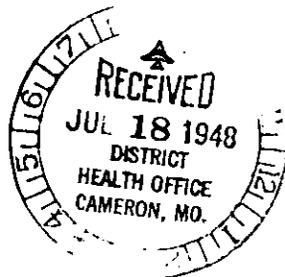
State File No. **23195**

No. 300
10-48
FILED JUL 20 1949

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BIRTH NO. _____		REG. DIST. NO. <u>133</u>	PRIMARY REG. DIST. NO. <u>5489</u>	Registrar's No. <u>53</u>
1. PLACE OF DEATH <u>Brimson Missouri</u> a. COUNTY <u>Harrison County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural, Sugar Creek</u>)		c. LENGTH OF STAY (in this place) <u>64 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural 6</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) <u>North west of Brimson mo</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Belle</u> c. (Last) <u>Mitchell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 23 - 1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 11 - 1866</u>	9. AGE (In years last birthday) <u>82</u> IF UNDER 1 YEAR Months <u>8</u> Days <u>12</u> IF UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Linn County, Iowa</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>James Clark</u>		
13b. MOTHER'S MAIDEN NAME <u>Mary DeWitt</u>		14. NAME OF HUSBAND OR WIFE <u>Mr. Wesley Mitchell deceased</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>E. Mae Mitchell - Brimson, Mo.</u> ADDRESS _____
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>		151A		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Brimson Mo Pt. Harrison Co. Mo.</u>
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? _____
22. I hereby certify that I attended the deceased from <u>Jan 1st, 1947</u> , to <u>June 23rd, 1949</u> , that I last saw the deceased alive on <u>June 20th, 1949</u> , and that death occurred at <u>2:01 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Oliver F. Duffy M.D.</u> (Degree or title)		23b. ADDRESS <u>Brimson Mo</u>		23c. DATE SIGNED <u>July 6 - 1949</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-25-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>W. E. G. M.</u>
24d. LOCATION (City, town, or county) (State) <u>Harrison County Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. D. Daines</u> ADDRESS <u>Brimson City Mo</u>		
DATE REC'D BY LOCAL REG. <u>July 16-49</u>		REGISTRAR'S SIGNATURE <u>Zola Burris</u>		116

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



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 _____

W. D. Haines

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *W. D. Haines*

Licensed Embalmer No. *942*

P. O. Address *Gilman 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.