

FILED SEP 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27141

State File No.

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 4239 Registrar's No. 145

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lee's Summit</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lee's Summit</u>	
c. LENGTH OF STAY (in this place) <u>20 yr.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>303 East Forest Street.</u>		d. STREET ADDRESS (If rural, give location) <u>303 East Forest Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lester</u> b. (Middle) <u>Henry</u> c. (Last) <u>Mitchell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 26, 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>Sept. 9, 1874</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 4 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Watchman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>Polk Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>James H. Mitchell</u>	13b. MOTHER'S MAIDEN NAME <u>Emily Hendrickson</u>	14. NAME OF HUSBAND OR WIFE <u>Nellie Mitchell</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Nellie Mitchell</u>	ADDRESS <u>Lee's Summit Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Melanoma of rt clavicle with metastasis to lungs</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 wks</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1960X</u>		

19a. DATE OF OPERATION <u>6-7-49</u>	19b. MAJOR FINDINGS OF OPERATION <u>Melanoma of rt clavicle</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 5-1-49 to 8-26-49, 1949, that I last saw the deceased alive on 8-25, 1949, and that death occurred at 6 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Kenneth A. Reed</u>	23b. ADDRESS <u>Lee's Summit Mo.</u>	23c. DATE SIGNED <u>8-27-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-29-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lee's Summit Mo.</u>	24d. LOCATION (City, town, or county) (State) <u>Lee's Summit, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>AUG. 29, 1949</u>	REGISTRAR'S SIGNATURE <u>Donald C. Emanuel</u>	FUNERAL DIRECTOR'S SIGNATURE <u>W.B. Langford</u>	ADDRESS <u>Lee's Summit, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 12 1960

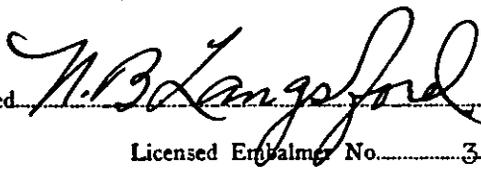
STATEMENT BY LICENSED EMBALMER

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.

Signed.....



Signed.....

Student Embalmer

Licensed Embalmer No. 3833

P. O. Address Lee's Summit, 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.