S. No. 300
. 10-48

FILED SEP 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29566

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 5182 Registrar's No. 59

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

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Shawnee Tp.
c. LENGTH OF STAY (in this place): 5 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2 Mi. N.E. Leemon, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis, City
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Mo.
d. STREET ADDRESS (If rural, give location): 3839 Shermanplace

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Eugene c. (Last) Mitchem

4. DATE OF DEATH (Month) (Day) (Year): Sept. 4, 1949

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May, 21, 1921
9. AGE (In years last birthday): 28 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Oven Man
10b. KIND OF BUSINESS OR INDUSTRY: Sunshine Biscuit Co.
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Homer Mitchem
13b. MOTHER'S MAIDEN NAME: Stella Bransom
14. NAME OF HUSBAND OR WIFE: Ida L. Mitchem

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 489-28-2469
17. INFORMANT'S SIGNATURE OR NAME: Ida L. Mitchem — ADDRESS: 3839 St. Louis Mo. Shermanplace

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) Accidental Drowning

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cramps
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: E9299 42

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Shawnee Tmp Cape Girardeau Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 4 - 49 - 4 pm
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: 1 BD

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. R. Trickey Coroner
23b. ADDRESS: 4 S. Pacific St Cape Gr. Mo
23c. DATE SIGNED: Sept 4 1949

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 7, 1949
24c. NAME OF CEMETERY OR CREMATORY: Iona
24d. LOCATION (City, town, or county) (State): Cape Girardeau County Mo.

DATE REC'D BY LOCAL REG.: Sept 6 - 49
REGISTRAR'S SIGNATURE: D. G. Sisbee 43
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: McCombs Furn & Und Co. Jackson Mo

(Licensed Embalmer's Statement on Reverse Side)

APR 20 1950

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RECEIVED 9-14-49

District Health Officer No. 4

District File Number 949-120

Date Filed

SEP 27

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

working under my personal supervision.

Student Embalmer No.

Signed B.A. Meyer

Signed
Student Embalmer

Licensed Embalmer No. 30ST

P. O. Address Jackson 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.