

070

FILED JAN 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 131

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 4033 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give town) Amoret	c. LENGTH OF STAY (in this place) 40	c. CITY (If outside corporate limits, write RURAL and give township) Amoret	d. STREET ADDRESS (If rural, give location)
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) O c. (Last) Mitchell			4. DATE OF DEATH (Month) (Day) (Year) Jan. II, 1950		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 22, 1883		9. AGE (In years last birthday) 66 IF UNDER 1 YEAR Months 2 Days 19 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Newport Pa.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Andrew J. McChesney		13b. MOTHER'S MAIDEN NAME Anna Olive Briscoe		14. NAME OF HUSBAND OR WIFE James Mitchell Dec	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Phillis Patterson Amoret, Mo.	

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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adeno-Carcinoma right breast			INTERVAL BETWEEN ONSET AND DEATH 170x
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) breast DUE TO (c) _____			
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) Amoret Bates Mo		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 **Jan 7, 1950** to **Jan 11, 1950** that I last saw the deceased alive on **Jan 9, 1950** and that death occurred at **2:30 P.M.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles A. Huber Jr. M.D.		23b. ADDRESS Butler Mo.		23c. DATE SIGNED Jan 13-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 13-50	24c. NAME OF CEMETERY OR CREMATORY Richland	24d. LOCATION (City, town, or county) (State) Linn Co. Kansas		

DATE REC'D BY LOCAL REG. Jan 13-50	REGISTRAR'S SIGNATURE Richard L. ...	25. FUNERAL DIRECTOR'S SIGNATURE Archer & Mangel	ADDRESS Amsterdam Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

X-

RECEIVED
District Health Officer No. 7,
District File Number 12-49-1971
Date Filed 1-24-50

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 L. B. Mangold

Signed _____
Student Embalmer

Licensed Embalmer No. 3616

P. O. Address Amsterdam 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.