

FILED MAR 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4079  
Registrar's No. 69

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>		c. CITY (If outside corporate limits) write RURAL and give township) OR TOWN <u>De Soto</u>	
c. LENGTH OF STAY (in this place) <u>4m 13d</u>		d. STREET ADDRESS (If rural, give location) <u>State Hwy 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp #1</u>			

3. NAME OF DECEASED (Type or Print)  
a. (First) HENRY b. (Middle) S c. (Last) MITCHELL

4. DATE OF DEATH (Month) (Day) (Year)  
Feb 26 1950

5. SEX m 6. COLOR OR RACE colored 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) m

8. DATE OF BIRTH July 15-1879 9. AGE (In years last birthday) 70 9. AGE (In years last birthday) 7 11. IF UNDER 1 YEAR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer

10b. KIND OF BUSINESS OR INDUSTRY farm

11. BIRTHPLACE (State or foreign country) DK '4

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME DK 13b. MOTHER'S MAIDEN NAME DK 14. NAME OF HUSBAND OR WIFE Lushia Mitchell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) DK DK

16. SOCIAL SECURITY NO. DK 17. INFORMANT'S SIGNATURE OR NAME Mosushia Mitchell ADDRESS De Soto

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Septic meningococcal meningitis

ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Septic meningococcal meningitis  
DUE TO (c) Multiple duodenal ulcers

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

INTERVAL BETWEEN ONSET AND DEATH 6 wks

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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) \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from 2-22, 1950 to 2-26, 1950, that I last saw the deceased alive on 2-26, 1950 and that death occurred at 9:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M.D. Miller M.D. 23b. ADDRESS State Hwy #1, Fulton, Mo 23c. DATE SIGNED 2-26-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE Feb 28, 1950 24c. NAME OF CEMETERY OR CREMATORY City 24d. LOCATION (City, town, or county) (State) De Soto, Mo.

DATE REC'D BY LOCAL REG Mar. 4 - 1950 REGISTRAR'S SIGNATURE Maretha Lawrence 426 25. FUNERAL DIRECTOR'S SIGNATURE Margin Funeral Home ADDRESS Fulton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

714/2  
2

District File Number \_\_\_\_\_  
RECEIVED MAR 6 1950  
District Health Officer No. 9

**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.....  
Student Embalmer

Signed Walter J. Haines, Jr.

Licensed Embalmer No. 4557

P. O. Address Fulton, 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.