

FILED MAR 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9544

State File No.

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 5692 Registrar's No. 54

1. PLACE OF DEATH
a. COUNTY Livingston
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN R-7 Cream Ridge 32
c. LENGTH OF STAY (In this place) 74 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION R-7 #3 Denton Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Livingston Co
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Cream Ridge 32
d. STREET ADDRESS (If rural, give location) R-7 #3 Denton Mo

3. NAME OF DECEASED
a. (First) Mary b. (Middle) Elizabeth c. (Last) Mitts

4. DATE OF DEATH (Month) (Day) (Year)
March 10 1950

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Aug 4, 1875

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min. 74 7 6

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

10b. KIND OF BUSINESS OR INDUSTRY Housewife

11. BIRTHPLACE (State or foreign country) Livingston County Mo

12. CITIZEN OF WHAT COUNTRY? Mo

13a. FATHER'S NAME Joseph Bethards

13b. MOTHER'S MAIDEN NAME Margaret Griffin

14. NAME OF HUSBAND OR WIFE Chas Mitts

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

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE, OR NAME ADDRESS Clarence Mitts, Chilworth

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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arterio sclerosis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
Due to (b) Arthritis Deformans
Due to (c) Fract L Femur 1949
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
2 yr 4 mo
4.500 F

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 Feb 1949 to March 10 1950, that I last saw the deceased alive on March 10, 1950, and that death occurred at 7:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE E. A. Duffly M.D. (Degree or title)

23b. ADDRESS Denton Mo

23c. DATE SIGNED March 11 1950

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE March 13, 1950

24c. NAME OF CEMETERY OR CREMATORY Doble Cemetery

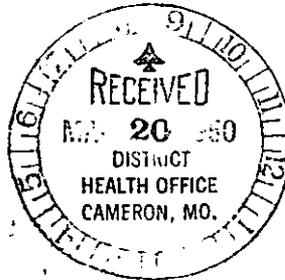
24d. LOCATION (City, town, or county) (State) Dunbar Co Mo

DATE REC'D BY LOCAL REG. Mar-11-50

REGISTRAR'S SIGNATURE Francis B Neill

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. Blackburne Denton Mo

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 _____

myself

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Raymond A. Davis* _____

Licensed Embalmer No. *3424* _____

P. O. Address *Clinton 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.