

300
0.48

FILED MAY 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12364

BIRTH NO. 55188-45 REG. DIST. NO. 74 PRIMARY REG. DIST. NO. 5296 Registrar's No. 30

250
1

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

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trimble RURAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trimble RURAL</u> <u>0250</u>	
c. LENGTH OF STAY (in this place) <u>life</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. #1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION.			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Rose</u>	b. (Middle) <u>Ilene</u>	c. (Last) <u>Mitchell</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>April 18 1950</u>

5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Sept. 1, 1949</u>	9. AGE (In years last birthday) <u>7</u>	IF UNDER 1 YEAR <u>18</u>	IF UNDER 24 HRS. <u></u>
----------------------	-------------------------------	--	---------------------------------------	--	---------------------------	--------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Clinton C. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	---	--

13a. FATHER'S NAME <u>Charles H. Mitchell</u>	13b. MOTHER'S MAIDEN NAME <u>Ellen E. Russell</u>	14. NAME OF HUSBAND OR WIFE <u>Single</u>
---	---	---

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>Charles H. Mitchell</u>	ADDRESS <u>Trimble Mo.</u>
---	-------------------------------------	--	----------------------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>36 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho-Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <u>none Acute upper-respiratory infection</u> DUE TO (c) <u>none</u>		<u>74 hrs.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none (supp report)</u>			<u>491X</u>

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)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from Apr 18, 1950, to Apr 18, 1950, that I last saw the deceased alive on Apr 18, 1950, and that death occurred at 10 P. m., from the causes and on the date stated above.

22a. SIGNATURE <u>James J. Batty</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Plattsburg, Mo.</u>	23c. DATE SIGNED <u>18 Apr 50</u>
--	-------------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>4/20/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Frazier cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Agency Mo.</u>
---	--------------------------	--	---

DATE REC'D BY LOCAL REG. <u>Apr 20, 1950</u>	REGISTRAR'S SIGNATURE <u>Elizabeth Searell</u> <u>441</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John A. Murray</u> <u>Gower Mo.</u>	ADDRESS
--	---	---	---------

(Licensed Embalmer's Statement on Reverse Side)

441-24-24-24
INFORMATION REQUESTED



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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

John A. Murray

Licensed Embalmer No. 2893

P. O. Address Lower, 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.