

FILED APR 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13482

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 900 Registrar's No. 175

0495
Dr. Hamilton

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

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived— <u>if</u> institution; residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Joplin		c. CITY (If outside corporate limits, write RURAL and give township) Joplin	
c. LENGTH OF STAY (In this place) 6 Wks.		d. STREET ADDRESS (If rural, give location) 1721 West 4th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1721 West 4th Street			
3. NAME OF DECEASED a. (First) Mary		b. (Middle) Etta	
		c. (Last) MITCHELL	
4. DATE OF DEATH April 7, 1950			
5. SEX Female	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH December 18, 1870
9. AGE (In years last birthday) 79		10. MONTHS 3	11. DAYS 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Domestic	
11. BIRTHPLACE (State or foreign country) Tecumseh, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Ovin Leighton		13b. MOTHER'S MAIDEN NAME Lena Tomlinson	
14. NAME OF HUSBAND OR WIFE John A. (DECEASED)			
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. NO.	
17. INFORMANT'S SIGNATURE OR NAME Mrs Seibert Wulfkuhle		ADDRESS 1721 W 4th Joplin, Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis INTERVAL BETWEEN ONSET AND DEATH Many years ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Influenza + Bronchitis in March 1950	
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) (m.)		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 <u>3-2-1950</u> , to <u>4-7-1950</u> , that I last saw the deceased alive on <u>4-2-1950</u> , and that death occurred at <u>3:00 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE E. H. Hamilton, M.D.		23b. ADDRESS E. H. HAMILTON, M. D. Frisco Bldg.	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE April 9, 1950	
24c. NAME OF CEMETERY OR CREMATORY Penwell Funeral Home		24d. LOCATION (City, town, or county) (State) Topeka, Kansas	
DATE REC'D BY LOCAL REG. 4-8-50		REGISTRAR'S SIGNATURE by Dolores Sampkins	
25. FUNERAL DIRECTOR'S SIGNATURE Thornhill-Dillon Mort.		ADDRESS Joplin, Mo.	

RECEIVED 4/18/50

Jasper County Health Office

County File Number 50-4-309

Date Filed 4-18-50

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.

Student _____
Student Embalmer

Signed

Charles E. Frey

Licensed Embalmer No.

4768

P. O. Address

Joplin, 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.