

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 8 1950

State File No. 13955

BIRTH NO. _____ REG. DIST. NO. 255 PRIMARY REG. DIST. NO. 4387 Registrar's No. 25

1. PLACE OF DEATH
 a. COUNTY Oregon
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Alton
 c. LENGTH OF STAY (In this place) 4 Yrs.
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri
 b. COUNTY Oregon
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Alton 0750
 d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED
 a. (First) EMERY
 b. (Middle) ALLISON
 c. (Last) MITCHELL

4. DATE OF DEATH (Month) (Day) (Year)
 March 9 1950

5. SEX Male
 6. COLOR OR RACE White

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

8. DATE OF BIRTH April 4, 1871

9. AGE (In years last birthday) 78
 IF UNDER 1 YEAR Months 11 Days 5
 IF UNDER 24 HRS. Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Kentucky

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Thomas Jefferson Mitche

13b. MOTHER'S MAIDEN NAME Mary Edwards

14. NAME OF HUSBAND OR WIFE Martha J. Mitchell

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

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Roy Dunsmore Alton, 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.

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Disease
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Lacunum of Prostate
 DUE TO (c)
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
 177X

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 _____, 1950, to _____, 1950, that I last saw the deceased alive on _____, 1950, and that death occurred at _____, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]

23b. ADDRESS [Address]

23c. DATE SIGNED [Date]

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

24b. DATE March 12, 1950

24c. NAME OF CEMETERY OR CREMATORY Thayer Cemetery

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

DATE REC'D BY LOCAL REG. [Date]

REGISTRAR'S SIGNATURE [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] [Address]

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

RECEIVED 4-29-50
District Health Officer No. 5,
District File Number 550 254
Date Filed 5-2-50

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Lelane Carter

Signed.....
Student Embalmer

Licensed Embalmer No. 4576

P. O. Address Highland

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.