S. No. 300
v. 10.48

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FILED JUN 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16529

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 58

1. PLACE OF DEATH
a. COUNTY: Grundy
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Trenton
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 827 East 7th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Grundy
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Trenton
d. STREET ADDRESS (If rural, give location): 827 East 7th St.

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Franklin c. (Last) Mitts

4. DATE OF DEATH (Month) April (Day) 13 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

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

8. DATE OF BIRTH: Dec. 1, 1878

9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months 4, Days 12 — IF UNDER 24 HRS.: Hours, Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Grundy Co. O

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

13a. FATHER'S NAME: William J. Mitts

13b. MOTHER'S MAIDEN NAME: Lydia Vickers

14. NAME OF HUSBAND, OR WIFE: Mrs Will Mitts Trenton Mo

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.: NONE

17. INFORMANT'S SIGNATURE OR NAME: Mrs Will Mitts — ADDRESS:

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

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolism — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b) Arteriosclerosis — 4 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* — 332X

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) m.

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* Mar 15, 1950, *to* Apr 13, 1950, *that I last saw the deceased alive on* Apr 13, 1950, *and that death occurred at* 10:10 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E J Mains MD

23b. ADDRESS: 1 Trenton Mo

23c. DATE SIGNED: 4/15/50

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

24b. DATE: April 16 1950

24c. NAME OF CEMETERY OR CREMATORY: IOOF Cemetery

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

DATE REC'D BY LOCAL REG.: 4-15-50

REGISTRAR'S SIGNATURE: Irene Fair 115

25. FUNERAL DIRECTOR'S SIGNATURE: Davis-Blackmore — ADDRESS: Trenton Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
MAY 10 1950
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 Dennis

Licensed Embalmer No. 3424

P. O. Address Trenton 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.