

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

19684

State File No.

BIRTH NO. 33327-50 REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 4106 Registrar's No. 25

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>CEDAR</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BARTON</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JERICO SPRINGS</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LAMAR</u> <u>0061</u> | |
| c. LENGTH OF STAY (in this place) <u>1 day</u> | | d. STREET ADDRESS (If rural, give location) <u>1</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BANNISTER HOSPITAL</u> | | | |

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|---|-------------|-----------|---|---|---|
| 3. NAME OF DECEASED (Type or Print) <u>THOMAS LEROY MITTS</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 5 1950</u> | | |
| a. (First) | b. (Middle) | c. (Last) | 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u> |
| 8. DATE OF BIRTH <u>APRIL 4 1950</u> | | | 9. AGE (In years last birthday) <u>0</u> | IF UNDER 1 YEAR Months <u>0</u> Days <u>1</u> | IF UNDER 12 HRS. Hours <u></u> Min. <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 | | |
| 11. BIRTHPLACE (State or foreign country) <u>JERICO SPRINGS, MISSOURI</u> | | | 12. CITIZEN OF WHAT COUNTRY? <u>US</u> | | |

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|---|--|--|--|---|--|
| 13a. FATHER'S NAME <u>STANLEY M. MITTS</u> | | 13b. MOTHER'S MAIDEN NAME <u>KATHERINE MOORE</u> | | 14. NAME OF HUSBAND OR WIFE <u>XXXX</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>XXX</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>STANLEY M. MITTS, LAMAR, MO.</u> | |

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|--|--|--------------------------------|--|----------------------------------|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH | |
| i. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature</u> | | DUE TO (b) <u>Premature</u> | | | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | DUE TO (c) <u>Infant 8 mos</u> | | | |
| ii. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | <u>776X</u> | |

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|--|--|--|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.) | | 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 4, 1950, to Apr 5, 1950, that I last saw the deceased alive on Apr 5, 1950, and that death occurred at 6:30p.m., from the causes and on the date stated above.

| | | | | | |
|--|--|---|--|--|--|
| 23a. SIGNATURE (Degree or title) <u>Dr. Bannister MD</u> | | 23b. ADDRESS <u>Jerico Springs, Mo. 45-60</u> | | 23c. DATE SIGNED | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>APRIL 6 1950</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>LAKE CEMETERY</u> | |
| | | | | 24d. LOCATION (City, town, or county) (State) <u>LAMAR, MISSOURI</u> | |

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|--|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. <u>4-7-50</u> | | REGISTRAR'S SIGNATURE <u>Mrs. Velma Ellis</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>KONANTZ FUNERAL HOME, LAMAR, MO.</u> | |
|--|--|---|--|--|--|

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

No. 300
10. 48

0300

RECEIVED
DISTRICT HEALTH OFFICE N
District File Number
Date Filed 6-28-57

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed David J. Konantz

Signed _____
Student Embalmer

Licensed Embalmer No. 2247

P. O. Address Lamar, 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.