

FILED JUL 17 1950

STANDARD CERTIFICATE OF DEATH

State File No. 23136

BIRTH NO. 7-1-50 REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 5335 Registrar's No. 43

1. PLACE OF DEATH
a. COUNTY Dade
b. CITY (If outside corporate limits, write RURAL and give townships) OR Golden City Marion Twp.
c. LENGTH OF STAY (in this place) 3
d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo b. COUNTY Dade
c. CITY (If outside corporate limits, write RURAL and give township) OR Golden City Marion twp
d. STREET ADDRESS (If rural, give location)

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

4. DATE OF DEATH (Month) (Day) (Year)
7-1-50

5. SEX M 6. COLOR OR RACE W

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

8. DATE OF BIRTH 11-12-1909

9. AGE (In years last birthday) 40 10. F UNDER 1 YEAR Months 7 Days 19 11. F UNDER 28 HRS. Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY farmer

11. BIRTHPLACE (State or foreign country) Tyrone Okla.

12. CITIZEN OF WHAT COUNTRY? Usa

13a. FATHER'S NAME John W. Mitts

13b. MOTHER'S MAIDEN NAME Myrtle Gwynn

14. NAME OF HUSBAND OR WIFE Berta Mae Mitts

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. 565-01-2360

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Berta Mae Mitts Golden City 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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Daed when i arrived
ANTECEDENT CAUSES DUE TO (b) Probaly a Heart ailment
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) No evidence of foul play
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
4343

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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James A. Wheeler 3 Coroner

23b. ADDRESS Lockwood Mo

23c. DATE SIGNED 7-1-50

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

24b. DATE 7-3-50

24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetary

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

DATE REC'D BY LOCAL REG. 7-1-50

REGISTRAR'S SIGNATURE Leah Weir 790

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Phillips Funeral Home Golden City, Mo.

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

RECEIVED 7-11-50

District Health Officer No. 5,

District File Number 750-787

Filed JUL 14 1950

MAR 16 1954

STATEMENT BY LICENSED EMBALMER

JUL 17 1950

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 _____

J. F. Rugh
Licensed Embalmer No. 3278

P. O. Address Golden City, 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.