

FILED JUL 19 1950

STANDARD CERTIFICATE OF DEATH

State File No. 24490

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>6075</u>		Registrar's No. <u>233</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Oregon</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Farmington</u> TOWN <u>Rural</u>		c. LENGTH OF STAY (in this place) <u>91-9Mo-25Das</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Thayer</u>		0750	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State Hospital No. 4</u>				d. STREET ADDRESS (If rural, give location) <u>Unknown</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u>		b. (Middle) <u>EDWARD</u>		c. (Last) <u>MITCHELL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 4, 1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Jan. 27, 1915</u>	
9. AGE (In years last birthday) <u>35</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>7</u>		IF UNDER 24 HRS. Hours <u>7</u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Common labor</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Thayer, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George W. Mitchell</u>		13b. MOTHER'S MAIDEN NAME <u>Cora Belle Young</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Records State Hospital No. 4, Farmington, Mo.</u>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u> 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. <u>Dementia Praecox Psychosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Abt. 3 das.</u> <u>49IX</u> <u>Unknown</u>	
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)		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>Nov. 1, 1946</u> , to <u>June 4, 1950</u> , that I last saw the deceased alive on <u>June 4, 1950</u> , and that death occurred at <u>5:15A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John A. Brenna M.D.</u>				23b. ADDRESS <u>State Hospital No. 4, Farmington, Mo.</u>		23c. DATE SIGNED <u>6-6-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-8-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Thayer Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Thayer, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>July 10, 1950</u>		REGISTRAR'S SIGNATURE <u>Ether Rudolph</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carter Funeral Home</u>		ADDRESS <u>Thayer, Missouri</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

District Health Officer No. 9
RECEIVED
JUL 11 1950
District File Number

2-100-2008

JUL 19 1950

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.....
Student Embalmer

Signed Paul Dugal

Licensed Embalmer No. 4120

P. O. Address Livingston 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.