

FILED JUL 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25830

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 4517 Registrar's No. 82m

|  |   |   |   |  |   |
|--|---|---|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Taney</u>  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>mo</u> b. COUNTY <u>Taney</u> |  |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Branson mo</u>   |   | c. LENGTH OF STAY (in this place) <u>47rs</u>   | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Branson 1060</u>                                    |  | d. STREET ADDRESS (If rural, give location) <u>Rural</u>                            |
| d. FULL NAME OF (If in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Cross Camp Hospital</u>  |   |   |   |  |   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Edgar</u> b. (Middle) <u>Lee</u> c. (Last) <u>Mitchell</u>  |   |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 4 1950</u>  |  |   |
| 5. SEX <u>Male</u>   | 6. COLOR OR RACE <u>W</u>                     | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>   | 8. DATE OF BIRTH <u>July 8-1881</u>   | 9. AGE (In years) (Months) (Days) <u>69<sup>7E</sup></u>             | IF UNDER 18 HRS. Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad man</u>   | 11. BIRTH PLACE (State or foreign country) <u>Sedalia Mo.</u>   |  | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>   |
| 13a. FATHER'S NAME <u>Edgar J. Mitchell</u>  |   | 13b. MOTHER'S MAIDEN NAME <u>Marguerite Mitchell</u>  |   | 14. NAME OF HUSBAND OR WIFE <u>Marquette M. Mitchell</u>             |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>  |   | 16. SOCIAL SECURITY NO. <u>712-03-0214</u>  | 17. INFORMANT'S SIGNATURE OR NAME <u>Marquette M. Mitchell</u> ADDRESS <u>mo</u>  |  |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure (Congestive)</u><br>ANTECEDENT CAUSES <u>Hypertension &amp; nephritis</u><br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>6 mo</u><br><u>4222</u>                      |
| 19a. DATE OF OPERATION   | 19b. MAJOR FINDINGS OF OPERATION              |   |   |  | 20. AUTOPSY?<br>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>May</u> , 19 <u>50</u> , to <u>July 4</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>July 4</u> , 19 <u>50</u> , and that death occurred at <u>6:50</u> p.m., from the causes and on the date stated above. |   |   |   |  |   |
| 23a. SIGNATURE <u>J. Hubin MD</u> (Degree or title)  |   |   | 23b. ADDRESS <u>Branson, Mo</u>   |  | 23c. DATE SIGNED <u>7-5-50</u>  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>   | 24b. DATE <u>7-6-1950</u>                     | 24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>  |   | 24d. LOCATION (City, town, or county) (State) <u>Denver Colorado</u> |   |
| DATE REC'D BY LOCAL REG. <u>7-5-50</u>   | REGISTRAR'S SIGNATURE <u>J E Cogswell</u> 374 |   | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Whelchel Funeral Home</u> ADDRESS <u>Branson mo</u>   |  |   |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

11060

RECEIVED

7-11-50

District Health Officer No. 5,

District File Number 750-792

Date Filed 7-14-50

JUL 26 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Minnie L. Welchel

Licensed Embalmer No. 2227

P. O. Address Princeton 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.