

No. 500
10-25-57

FILED SEP 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26702

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

0451

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette</u>	
c. LENGTH OF STAY (in this place) <u>40 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>404 Watts</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>404 Watts</u>			
3. NAME OF DECEASED a. (First) <u>Robert</u> b. (Middle) <u>Ellis</u> c. (Last) <u>Mitchell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 1, 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 8, 1874</u>
9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR (Months) (Days) <u>8 23</u>	IF UNDER 12 HRS. (Hours) (Min.) _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Owner</u>	11. BIRTHPLACE (State or foreign country) <u>Lee Summit, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>David T. Mitchell</u>	
13b. MOTHER'S MAIDEN NAME <u>Susan Rawlins</u>		14. NAME OF HUSBAND OR WIFE <u>Willma Potts</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Robert Mitchell Fayette, Mo</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Parkinsons syndrome</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>Fracture left femur</u>			
19a. DATE OF OPERATION <u>6-12-50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Fracture of femur</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs.</u>	
21a. ACCIDENT? SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home yard</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Fayette Howard Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 6 1950 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fall in yard</u>	
22. I hereby certify that I attended the deceased from <u>June</u> , 19 <u>46</u> , to <u>Aug 31</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Dec 25</u> , 19 <u>50</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Mrs. Shaw, M.D.</u> (Degree or title)		23b. ADDRESS <u>Fayette Mo</u>	23c. DATE SIGNED <u>9-2-50</u>
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>9/2/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Columbia Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Columbia, Mo</u>
DATE REC'D BY LOCAL REG. <u>9-2-50</u>	REGISTRAR'S SIGNATURE <u>Mary K. Shell</u>	436	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ralph A. Carr Fayette, Mo</u>

RECEIVED 9/8/50
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 9/8/50

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, emb

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed Ralph A. Carr
Licensed Embalmer No. 3340
P. O. Address Fayette, 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.