

FILED AUG 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29215

State File No.

080
2

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

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Amaret</u> <u>0070</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #3.</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u> <u>1</u>	
3. NAME OF DECEASED a. (First) <u>Charles</u> b. (Middle) <u>E</u> c. (Last) <u>Mitchell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8. 6. 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>9-9-1898</u>
9. AGE (In years last birthday) <u>71</u> IF UNDER 1 YEAR Months <u>10</u> Days <u>27</u> IF UNDER 28 HRS. Hours <u></u> Min. <u></u>		11. BIRTHPLACE (State or foreign country) <u>Bates County Mo</u>	
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 <input checked="" type="checkbox"/>	12. CITIZEN OF WHAT COUNTRY? <u>Native</u>
13a. FATHER'S NAME <u>J.A. Mitchell</u>		13b. MOTHER'S MAIDEN NAME <u>Jone Doolittle</u>	14. NAME OF HUSBAND OR WIFE <u>W. D. A.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, name unknown) (If yes, give war or dates of service) <u>unknown</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hospital Records only, Newbern</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>Cerebral Arteriosclerosis</u> ANTECEDENT CAUSES Morbidity 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>332x</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Amaret</u> <u>Bates</u> <u>Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u></u> <u></u> <u></u> <u></u> <u></u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u></u>			
22. I hereby certify that I attended the deceased from <u>6-1-</u> , <u>1946</u> , to <u>8-6-</u> , <u>1950</u> , that I last saw the deceased alive on <u>8-5-</u> , <u>1950</u> , and that death occurred at <u>11:55 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. R. Bunch M.D.</u>		23b. ADDRESS <u>State Hospital #3.</u>	
23c. DATE SIGNED <u>8-6-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8-8-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>EUREKA</u>		24d. LOCATION (City, town, or county) (State) <u>near Amaret Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug. 6, 1950</u>		REGISTRAR'S SIGNATURE <u>Rathburn H. Spencer</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Frederic A Mangold</u>		ADDRESS <u>Amsterdam Mo</u>	

DIVISION OF HEALTH OF MD.

District No. 5 - Springfield

RECEIVED AUG 14 1950

Dist. File 850-982

Date Filed 8-15-50

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, or by _____

working under my personal supervision.

Student Embalmer No.

Signed

L. A. Mangold

Signed.....

Student Embalmer

Licensed Embalmer No. 3610

P. O. Address Amsterdam MD

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.