

FILED SEP 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31145

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 4336 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <u>MONROE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MONROE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-MARION TWP.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-MARION TWP.</u> <u>0670</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.D. HOLLIDAY, MO.</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D.-HOLLIDAY, MO.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ORVILLE</u> b. (Middle) <u>LEE</u> c. (Last) <u>MITCHELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 6, 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>MAR. 15, 1897</u>
9. AGE (In years last birthday) <u>53</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>21</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GEN. FARMING</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u> ( )
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>EDWARD C. MITCHELL</u>		13b. MOTHER'S MAIDEN NAME <u>LILLIE M. ALEXANDER</u>	
14. NAME OF HUSBAND OR WIFE <u>PAULINE S. MITCHELL</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or UNKNOWN) <u>YES</u> <u>W.W.I.</u>		16. SOCIAL SECURITY <u>499-24-1946</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>PAULINE MITCHELL, HOLLIDAY, 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>Chronic Myocarditis</u> ANTECEDENT CAUSES (b) <u>arterio-sclerosis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>L221</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) (m.)		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>4-8, 1950</u> , to <u>9-6, 1950</u> , that I last saw the deceased alive on <u>9-6, 1950</u> , and that death occurred at <u>5:10 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. M. H. ...</u>		23b. ADDRESS <u>...</u>	
23c. DATE SIGNED <u>9-7-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9-8-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>MT. ZION</u>		24d. LOCATION (City, town, or county) (State) <u>MONROE CO. MO.</u>	
DATE REC'D BY LOCAL REG. <u>9-10-50</u>		REGISTRAR'S SIGNATURE <u>Anna M. Burditt</u>	
439		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Speed &amp; Blakey, PARIS, MO.</u>	

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

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SEP 21 1950

Date Received:

SEP 18 1950

DISTRICT HEALTH OFFICE #2

District File Number 9-50-

Date Filed SEP 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 \_\_\_\_\_

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

working under my personal supervision.

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

Signed W. G. Blakey

Licensed Embalmer No. 2614

P. O. Address PARIS, 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.