

FILED OCT 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32435
Registrar's No. 51

BIRTH NO.		REG. DIST. NO. 366		PRIMARY REG. DIST. NO. 4535		Registrar's No. 51			
1. PLACE OF DEATH a. COUNTY <u>Washington</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before and institution). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MINERAL POINT</u>		c. LENGTH OF STAY (In this place) <u>76 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MINERAL POINT 1100</u>					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>HARRISON</u>			b. (Middle)		c. (Last) <u>MITCHELL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 19, 1950</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>		8. DATE OF BIRTH <u>AUG. 4, 1874</u>		9. AGE (In years last birthday) <u>76</u> IF UNDER 1 YEAR Months <u>1</u> Days <u>15</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>LABORER</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>KANTZ Mitchell</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>			14. NAME OF HUSBAND OR WIFE <u>Missouri Mitchell</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Missouri Mitchell Mineral Point</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Valvular heart lesion</u>						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>							
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterio-sclerosis</u>						<u>444X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>July 1, 1950</u> , to <u>9-19, 1950</u> , that I last saw the deceased alive on <u>9-10, 1950</u> , and that death occurred at <u>2:00 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Joseph L. Thurman, M.D.</u>				23b. ADDRESS <u>Potosi, Mo -</u>		23c. DATE SIGNED <u>9-20-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-21-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Potosi Colored</u>		24d. LOCATION (City, town, or county) (State) <u>Potosi, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>9/23/50</u>		REGISTRAR'S SIGNATURE <u>Hubert Ruddle</u>		403		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Boyer Funeral Home Potosi, Mo.</u>			

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

RECEIVED

SEP 25 1950

WASH. COUNTY HEALTH DEPT.

File No: 950-33

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.

Signed _____

Mary M. Smith

Signed _____

Student Embalmer

Licensed Embalmer No. 4394

P. O. Address Potosi, 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.