

FILED NOV 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34168

BIRTH NO. _____		REG. DIST. NO. 218		PRIMARY REG. DIST. NO. 5789		Registrar's No. 88		
1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Missouri</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - St. James Twp.</u>		c. LENGTH OF STAY (In this place) <u>3 mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - St. James Twp.</u>		0670		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 mi. So. of East Prairie</u>				d. STREET ADDRESS (If rural, give location) <u>5 mi. So. of East Prairie</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>BEN</u>		b. (Middle) <u>F</u>		c. (Last) <u>MITCHELL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 16, 1950</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>April 28, 1876</u>		9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>18</u>	IF UNDER 2 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>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Bill Mitchell</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Amanda Mitchell</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>unk.</u>		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME <u></u>		ADDRESS <u></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>Alcoholic Poison</u>				INTERVAL BETWEEN ONSET AND DEATH		
		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.						
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., to 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>Oct. 15, 1950</u> , to <u>Oct. 16, 1950</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE <u>A. J. Martinec M.D.</u> (Degree or title)				23b. ADDRESS <u>East Prairie Mo 63610-27-50</u>		23c. DATE SIGNED <u>10-27-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 17, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Liptonville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Liptonville, Tenn.</u>			
DATE REC'D BY LOCAL REG. <u>10-28-50</u>		REGISTRAR'S SIGNATURE <u>Certrude G. Harber</u> 197		FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Shelby</u>		ADDRESS <u>East Prairie, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

NOV 2

RECEIVED

Miss. Co. Health

County File No. \_\_\_\_\_

Date Filed NOV 3

*miss-sh 335000000000*

**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 \_\_\_\_\_

*not embalmed*

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Travis Shelby*

Licensed Embalmer No. *2726*

P. O. Address *East Prairie*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.