

FILED DEC 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40891
4926 Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 3 weeks	
d. FULL NAME OF HOSPITAL OR INSTITUTION Osteopathic Hospital		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Raytown	
		d. STREET ADDRESS (If rural, give location) Box 304 10112 E. 65th St.	

3. NAME OF DECEASED (Type or Print)	a. (First) Merrill	b. (Middle) A.	c. (Last) Mitchell	4. DATE OF DEATH (Month) (Day) (Year) Nov. 21, 1950
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5. SEX male <input type="radio"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 27, 1902	9. AGE (In years last birthday) 47	10. UNDER 1 YEAR Months	11. UNDER 24 HRS. Hours	12. MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Manufacturer	10b. KIND OF BUSINESS OR INDUSTRY Chevrolet Plant	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Mitchell	13b. MOTHER'S MAIDEN NAME May Atherton	14. NAME OF HUSBAND OR WIFE Geraldean Mitchell
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes World War 2	16. SOCIAL SECURITY NO. 496-03-0309	17. INFORMANT'S SIGNATURE OR NAME Address Geraldean Mitchell Box 304 Raytown
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocardial Infarction</i>		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 15 1/2
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Cancer heart</i>		
	DUE TO (c) <i>Cancer liver</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Surgery</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 10/1, 1949, to 11/21, 1950, that I last saw the deceased alive on 11/21, 1950, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE A. D. ANTRY (Degree or title) D.O. 2	23b. ADDRESS 3901 1/2 Indiana	23c. DATE SIGNED 11/22/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 4	24b. DATE 11/25/50	24c. NAME OF CEMETERY OR CREMATORY Carl Junction Cem.	24d. LOCATION (City, town, or county) (State) Carl Junction, Missouri
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DATE REC'D BY LOCAL REG. 11-22-50	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Earp & Sons 4139 Truman Rd. K.C., Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Anthony
39
exp. 4m. to clear

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 *James W. Earp*

Signed.....
Student Embalmer

Licensed Embalmer No. *4622*

P. O. Address *Kansas City, 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.