

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH.

41317

State File No.

FILED JAN 4 1951

BIRTH NO. 21623-50 REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4238 Registrar's No. 67

0520
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Knox</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Knox 0520</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Edina</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Edina</u>		0
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gifson Hospital</u>			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Reta</u> b. (Middle) <u>Kay</u> c. (Last) <u>MITCHELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec-15-1950</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>Dec-15-1950</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <u>0</u>
IF UNDER 1 YEAR Days <u>10</u>	IF UNDER 2 HRS. Hours <u>10</u>	IF UNDER 2 HRS. Min. <u>10</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Edina Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	13a. FATHER'S NAME <u>Rhonda Mitchell</u>		13b. MOTHER'S MAIDEN NAME <u>Rosie McKinney</u>		14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS		
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.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature (5 mo, 10 day)</u> INTERVAL BETWEEN ONSET AND DEATH <u>7 1/2 15</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Secondary Meningitis</u> <u>Attachment to hemorrhage</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>None</u>				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>Dec-14</u> , 19 <u>50</u> , to <u>Dec-15</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Dec-13</u> , 19 <u>50</u> , and that death occurred at <u>4:15 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>Edina, Mo.</u>		23c. DATE SIGNED <u>12/16-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec-16-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Linnville</u>		24d. LOCATION (City, town, or county) (State) <u>Edina, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Dec-16-1950</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>		151	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Keith Hudson Edina Mo</u>	

Date Received: DEC 27 1950
DISTRICT HEALTH OFFICE #
District File Number 12350-
Date Filed: JAN 3 1951

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 *mt* ~~by~~

working under my personal supervision.

Student Embalmer No.

Signed *Keith Hudson*

Signed.....
Student Embalmer

Licensed Embalmer No. *2415*

P. O. Address *Edina, 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.