

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43458

State File No. ....

JAN 2 1951

BIRTH NO. .... REG. DIST. NO. 371 PRIMARY REG. DIST. NO. 6259 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>WEBSTER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>WEBSTER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL East Benton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL East Benton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LYDIA</u> b. (Middle) <u>MITCHELL</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 14, 1950</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>1963</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>WEBSTER County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>John Woodruff</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH Woodruff</u>		14. NAME OF HUSBAND OR WIFE <u>EARL MITCHELL</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Tom Woodruff FORDLAND, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <u>332X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolism</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Arterio-Sclerosis</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None.</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)	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 Aug 15, 1946, to Dec. 14, 1950, that I last saw the deceased alive on Dec 12, 1950, and that death occurred at 4 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. R. Schult</u>		23b. ADDRESS <u>Dept. - Fordland, Mo.</u>		23c. DATE SIGNED <u>12/14/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>12-18-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FORDLAND CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>FORDLAND, MO.</u>	
DATE REC'D BY LOCAL REG. <u>12-20-50</u>	REGISTRAR'S SIGNATURE <u>Arthur C. Good</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>KELLEY-FERRELL-BERGMAN FORDLAND, MO.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

1120

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED DEC 27 1950

Dist. File 1250-2562

Date Filed 12-27-50

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 \_\_\_\_\_

Don Ferrell

Student Embalmer No. 397

working under my personal supervision.

Signed Don S. Ferrell  
Student Embalmer

Signed K. K. Kelley  
Licensed Embalmer No. 3334

P. O. Address Fordland 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.