

FILED FEB 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5690

State File No.

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3006 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jacksonville R.R. 0780</u>	
c. LENGTH OF STAY (in this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>Central</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Hospital</u>			

3. NAME OF DECEASED a. (First) <u>Hattie</u> b. (Middle) <u>Mary</u> c. (Last) <u>Mitchell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 11-1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>3-13-1882</u>		9. AGE (in years last birthday) <u>68</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
11. IF UNDER 24 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <u>Monroe Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>			

13a. FATHER'S NAME <u>T.W. Burtsford</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Toth</u>		14. NAME OF HUSBAND OR WIFE <u>Thomas C Mitchell</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes; no; or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>T.C. Mitchell</u> ADDRESS <u>Jacksonville Mo</u>	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture, femur, left</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO <u>Dislocation elbow left</u>		<u>4 days</u>	
		DUE TO <u>Anemia</u>		<u>690 3/4</u> <u>2 day</u>	
		II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>Anemia, Secondary severe</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>		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.) <u>Home</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Jacksonville Randolph Mo</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb 9, 1951 10:30 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fall</u> <u>088</u>	
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22. I hereby certify that I attended the deceased from 9 Feb 1951 to 11 Feb 1951, that I last saw the deceased alive on 11 Feb 1951, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Hester E. ...</u>		23b. ADDRESS <u>Moberly Mo</u>		23c. DATE SIGNED <u>12/24/51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Feb 14 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woodland</u>	
				24d. LOCATION (City, town, or county) (State) <u>Woodland Mo</u>	

DATE REC'D BY LOCAL REG. <u>Feb 14-51</u>		REGISTRAR'S SIGNATURE <u>Leah Bell ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Woodland Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

0883

Date Received: FEB 19 1951
DISTRICT HEALTH OFFICE #2
District File Number 2-51-39
Date Filed: FEB 19 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 by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Wm. Fred A. Pennington

Licensed Embalmer No. 3282

P. O. Address Wm. Pennington, Wash. D.C.

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.