

FILED JUL 10 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19418**

105
1
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO.		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 3006		Registrar's No. 775	
1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived... If institution: residence before admission) a. STATE Missouri b. COUNTY Boone			
b. CITY (If outside corporate limits, write RURAL and give township) Columbia		c. LENGTH OF STAY (in this place) 48 mo.		c. CITY (If outside corporate limits, write RURAL and give township) Columbia		3195	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 Indiana Ave				d. STREET ADDRESS (If rural, give location) 3 Indiana Ave.			
3. NAME OF DECEASED (Type or Print) EMMH		a. (First)		b. (Middle)		c. (Last) MITCHELL	
4. DATE OF DEATH July 2nd 1957		(Month)		(Day)		(Year)	
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH April 1st 1903	
9. AGE (in years last birthday) 48		# UNDER 1 YEAR		# UNDER 1 YEAR		# UNDER 1 YEAR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Charlie Cosby		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Hubert Mitchell			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hubert Mitchell Columbia Mo.			
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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral arterio-sclerosis					
		DUE TO (c) Generalized arterio-sclerosis					
		II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Arterial hypertension					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X				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 July 1st 1957 to July 2, 1957 that I last saw the deceased alive on July 2, 1957 and that death occurred at 4 P.M. from the causes and on the date stated above.							
23a. SIGNATURE W. J. Keene (Degree or title)				23b. ADDRESS Columbia Mo.		23c. DATE SIGNED 7/5/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 4 - 1957		24c. NAME OF CEMETERY OR CREMATORY Galvary		24d. LOCATION (City, town, or county) (State) Columbia Mo.	
DATE REC'D BY LOCAL REG. July 5 1957				REGISTRAR'S SIGNATURE Mrs R.E. Palmer		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stuart D. Parley Columbia Mo.	

RECEIVED 7-9-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 7-9-51

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, as by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Stuart P. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia, 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.