No. 300
10.48

FILED JUN 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20664

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 4275 Registrar's No. 53

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

1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marionville
c. LENGTH OF STAY (in this place): 7 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Witt Hotel

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lawrence
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marionville 0550
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Evelyn
b. (Middle): M.
c. (Last): Mitchell

4. DATE OF DEATH (Month) (Day) (Year): June 9, 1951

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced 3
8. DATE OF BIRTH: Nov. 23, 1887
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months 6, Days 17 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: housework
11. BIRTHPLACE (State or foreign country): Tyndall, South Dakota
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Charles Cogan
13b. MOTHER'S MAIDEN NAME: not known
14. NAME OF HUSBAND OR WIFE: Michael Mitchell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 504-01-9166
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mildred Foster, Miller, South Dakota

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): CORONARY - Thrombosis. — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 4201

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 30, 1951, *to* June 9, 1951, *that I last saw the deceased alive on* June 9, 1951, *and that death occurred at* 9 15 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. P. Capetti M.D.
23b. ADDRESS: Aurora, Mo.
23c. DATE SIGNED: 6-10-51.

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: June 10,51
24c. NAME OF CEMETERY OR CREMATORY: St. Ann Cemetery
24d. LOCATION (City, town, or county) (State): Miller, South Dakota.

DATE REC'D BY LOCAL REG.: June 9-51
REGISTRAR'S SIGNATURE: Ora McNatt 154
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: J. B. Surridge - Marionville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED JUN 21 1951
Dist. File 631-1365
Date Filed 6-21-51

JUN 27 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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed Herman Surridge

Signed.....
Student Embalmer

Licensed Embalmer No. 3072

P. O. Address Marionville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.