

Barley FILED NOV 19 1951 THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38309**

BIRTH NO. _____		REG. DIST. NO. 267		PRIMARY REG. DIST. NO. 5900		Registrar's No. 121	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY Pemiscot				a. STATE Missouri b. COUNTY Pemiscot			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Braggadocio Tw.				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Braggadocio Twn. 0780			
c. LENGTH OF STAY (in this place) 12 years				d. STREET ADDRESS (If rural, give location) Rt. 2 Steele, Mo.			
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt. 2 Steele, Mo.							
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) Doss			b. (Middle) Lee			c. (Last) Mitchell	
			Month Nov			Day 9 Year 1951	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 15, 1902	
						9. AGE (In years last birthday) 48	
						IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Share Cropper			11. BIRTHPLACE (State or foreign country) Greenfield, Tennessee	
13a. FATHER'S NAME Tom Mitchell			13b. MOTHER'S MAIDEN NAME Nannie Morris			14. NAME OF HUSBAND OR WIFE Zerah Mitchell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. No			17. INFORMANT'S SIGNATURE OR NAME Zerah Mitchell ADDRESS Rt. 2 Steele, Mo.	
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
				DUE TO (b) Hypertension			
				DUE TO (c) Arteriosclerosis			
				II. OTHER SIGNIFICANT CONDITIONS			
				Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X				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) (Min.)		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 Nov. 9, 1951 , to Nov. 9, 1951 , that I last saw the deceased alive on Nov. 9, 1951 , and that death occurred at 6:00 P m. from the causes and on the date stated above.							
23a. SIGNATURE Robert Barley (Decease or title) D.O.				23b. ADDRESS Steele, Mo.		23c. DATE SIGNED 12 Nov. 51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/12/51		24c. NAME OF CEMETERY OR CREMATORY Maple Cemetery		24d. LOCATION (City, town, or county) (State) Caruthersville, Mo.	
DATE REC'D BY LOCAL REG. 11-15-51		REGISTRAR'S SIGNATURE John W. German 406		25. FUNERAL DIRECTOR'S SIGNATURE H. S. Smith ADDRESS Caruthersville Missouri			

(Licensed Embalmer's Statement on Reverse Side)

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

11-51-284

Rec NOV 16 1951

S. B. Beecher, M. D.,
Peniscot County Health Department,
Caruthersville, Missouri

NOV 16 1951

OCT 4 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.

Signed.....

Robert W. Shaw

Signed.....
Student Embalmer

Licensed Embalmer No. 4732

P. O. Address Caruthersville, 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.