S. No. 300
v. 10.48

FILED JAN 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43956

BIRTH NO. _____ REG. DIST. NO. 135 PRIMARY REG. DIST. NO. 4210 Registrar's No. 10

1. PLACE OF DEATH
a. COUNTY Harrison 0410
b. CITY OR TOWN Ridgeway (If outside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (In this place) 74 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Harrison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ridgeway 0410
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print)
a. (First) Willie
b. (Middle) Anola
c. (Last) Mitchell

4. DATE OF DEATH (Month) (Day) (Year) 12 - 27 - 51

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Write) Widowed

8. DATE OF BIRTH June - 25 - 1878

9. AGE (In years last birthday) 73 — IF UNDER 1 YEAR: Months 6, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper of own Home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Blythedale Mo

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Painter

13b. MOTHER'S MAIDEN NAME Roena Brown

14. NAME OF HUSBAND OR WIFE Noah A Mitchell Deceased

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. No

17. INFORMANT'S SIGNATURE OR NAME Lavaughn Johnson — **ADDRESS** Martinsville 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion.

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4201

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) Ridgeway (COUNTY) Harrison (STATE) Mo

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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 9 P *m., from the causes and on the date stated above.*

23a. SIGNATURE Robert R Boggess (Degree or title) Coroner

23b. ADDRESS Ridgeway Mo

23c. DATE SIGNED 12-30-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 12-31-1951

24c. NAME OF CEMETERY OR CREMATORY Ridgeway Cemetary

24d. LOCATION (City, town, or county) 1 M. N.W. Ridgeway (State) Mo

DATE REC'D BY LOCAL REG. Dec. 31. 1951

REGISTRAR'S SIGNATURE Lekie Brewer

25. FUNERAL DIRECTOR'S SIGNATURE Robert R Boggess **ADDRESS** Ridgeway Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 Robert R Boggess

Licensed Embalmer No. 3576

P. O. Address Ridgeway 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.