

FILED MAR 5 1952

STANDARD CERTIFICATE OF DEATH

State File No. 5998  
Registrar's No. 38

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053

812  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) Rolla		c. CITY (If outside corporate limits, write RURAL and give township) St. James	
c. LENGTH OF STAY (In this place) 18 months		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) McFarland Nursing Home			

3. NAME OF DECEASED (Type or Print) a. (First) LEROY b. (Middle) S. c. (Last) MITCHELL			4. DATE OF DEATH (Month) (Day) (Year) Jan. 26, 1952		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 2	8. DATE OF BIRTH Feb. 16, 1885	9. AGE (In years last birthday) 66	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Phelps Co., Missouri	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Nelson Mitchell		13b. MOTHER'S MAIDEN NAME Mary Randel		14. NAME OF HUSBAND OR WIFE XX	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) XX No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mabel Hughes St. James, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> 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) <u>Atherosclerosis</u> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) 331X	
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 1/26, 1952, to 1-26, 1952, that I last saw the deceased alive on 1-26, 1952, and that death occurred at 2:10 A.M., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>		(Degree or title)		23b. ADDRESS Rolla, Mo		23c. DATE SIGNED 2-25-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 27, 1952		24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery		24d. LOCATION (City, town, or county) (State) St. James, Missouri	

DATE REC'D BY LOCAL REG. Feb. 26, 1952		REGISTRAR'S SIGNATURE Nadine L. Stoll		380		FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS C. E. Lichluth St. James, Mo	
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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.....

*me*

working under my personal supervision.

Student Embalmer No.....

Signed

*Paul E. Licklider*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3544*

P. O. Address *St James 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.