

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12158

State File No. 12158
Registrar's No. 197

124
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LED MAY 7 1952

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Missouri b. COUNTY Ripley	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Flatwoods TWP 0910	
c. LENGTH OF STAY (In this place) 2 Days		d. STREET ADDRESS (If rural, give location) Flatwoods, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff			

3. NAME OF DECEASED (Type or Print) Elias Mitchell	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH April 10 1952
				(Month) (Day) (Year)

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 26, 1893	9. AGE (In years last birthday) 58 58	IF UNDER 1 YEAR	IF UNDER 24 HRS.
			Months	Days	Hours	Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Ballard County, Ky.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Enis Mitchell	13b. MOTHER'S MAIDEN NAME Dora Bell Averett	14. NAME OF HUSBAND OR WIFE Mrs. Alma Mitchell
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metabolic Acidosis		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) Dietary Malnutrition		
	DUE TO (c)		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **April 9, 1952, to April 11, 1952**, that I last saw the deceased alive on **April 11, 1952**, and that death occurred at **1:15 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE W. H. Johnson M.D. (Degree or title)	23b. ADDRESS Poplar Bluff Hospital, P.B., Mo.	23c. DATE SIGNED 4-19-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 12/52	24c. NAME OF CEMETERY OR CREMATORY Spring Hill	24d. LOCATION (City, town, or county) (State) Flatwoods TWP Mo.
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DATE REC'D BY LOCAL REG. 4-21-52	REGISTRAR'S SIGNATURE Wm. H. Johnson 428	25. FUNERAL DIRECTOR'S SIGNATURE Gish Funeral Home Naylor MO	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

April 30

~~MAY 5~~ 1952

BUTLER CO. HEALTH CENTER

FILE No. 552-232

MAY 7 1952

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 *Suzan McCord*
Licensed Embalmer No. 4079

P. O. Address Naylor, 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.