

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16183

State File No.

FILED MAY 21 1952

REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 5480 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u>	
d. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL Route 3 Trenton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Route 3 Trenton</u>	
c. LENGTH OF STAY (in this place) <u>11 YEARS.</u>		d. STREET ADDRESS (If rural, give location) <u>Route 3 0400</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Family Home Route 3 Trenton</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EARL</u>		b. (Middle) <u>CLIVY</u>	
c. (Last) <u>MITTS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 8 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APRIL 6 1906</u>
9. AGE (in years last birthday) <u>46</u>		10. MALE OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	11. BIRTHPLACE (State or foreign country) <u>Livingston, Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Charlie Mitts</u>	
13b. MOTHER'S MAIDEN NAME <u>MARY Bethards</u>		14. NAME OF HUSBAND OR WIFE <u>Blanche Hatfield Mitts.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No Social Security</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Blanche E. Mitts</u>			
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>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	
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 <u>May 8th, 1952</u> to <u>May 8th, 1952</u> , that I last saw the deceased alive on <u>May 8th, 1952</u> and that death occurred at <u>6:45 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Cliver F. Pully M.D.</u>		23b. ADDRESS <u>Trenton Mo May 9th-1952</u>	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>May 11 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Rural Date Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Route 2 Trenton, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-11-52</u>		REGISTRAR'S SIGNATURE <u>Gene Fair 1150</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>DAVIS-Blackmore</u>		ADDRESS <u>Trenton, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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. 454

working under my personal supervision.

Student Harold L. Roberts
Student Embalmer

Signed Gordon Blackmer

Licensed Embalmer No. 4602

P. O. Address Durham, N.C.

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.