

FILED SEP 8 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27802
792-A

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5466 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY GREENE 0392		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE North Carolina b. COUNTY Burke 8.120	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, S. Campbell Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Morganton, Rural. 8	
c. LENGTH OF STAY (In this place) 4 mos, 9 d.		d. STREET ADDRESS (If rural, give location) Route # 4 Box 243A	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Medical Center for Federal Prisoners			

3. NAME OF DECEASED (Type or Print) a. (First) Sidney b. (Middle) ---- c. (Last) Mitchell			4. DATE OF DEATH (Month) (Day) (Year) August 26, 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH July 13, 1910	9. AGE (In years last birthday) 42	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) North Carolina		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Pink Mitchell	13b. MOTHER'S MAIDEN NAME Mary Britton	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME FILE: M.C.F.P., Springfield, Missouri	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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized abdominal carcinomatosis		INTERVAL BETWEEN ONSET AND DEATH 2 mos.
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (b) Carcinoma of the esophagus		10 mos.
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 150X	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) _____
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 The Medical Staff attended the deceased from April 17, 1952, to August 26, 1952, that I last saw the deceased alive on August 26, 1952, and that death occurred at 10:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE E. C. Rinck, M.D., Clinical Director (Degree or title)	23b. ADDRESS Medical Center for Fed. Prisoners, Springfield, Mo.	23c. DATE SIGNED 8-26-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8/28/1952	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) Morgantown, North Carolina
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DATE REC'D BY LOCAL REG. 9-2-52	REGISTRAR'S SIGNATURE Erith Williamson	25. FUNERAL DIRECTOR'S SIGNATURE AYRE-GOODWIN FUN'L SERVICE, Spgfld MO.,	ADDRESS
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(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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed.....

Harry C. [Signature]

Licensed Embalmer No. 4594

P. O. Address Springfield, 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.