

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35825

State File No. \_\_\_\_\_

FILED OCT 22 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 5881 Registrar's No. 27

760

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

1. PLACE OF DEATH a. COUNTY <u>Osage</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Jefferson Twp</u>	c. LENGTH OF STAY (in this place) <u>life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Jefferson Township</u> <span style="float: right;">0760</span>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Belle, Mo., R # 1</u>		d. STREET ADDRESS (If rural, give location) <u>Belle, Mo., R # 1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Logan</u> c. (Last) <u>Mitchell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 16, 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>13 Mar. 1892</u>	9. AGE (In years last birthday) <u>60</u>	# UNDER 1 YEAR Days <u>7</u>	# UNDER 24 HRS. Min. <u>3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Selfemployed</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Osage County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>James Mitchell</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Moss</u>	14. NAME OF HUSBAND OR WIFE <u>Ella Bentlage Mitchel</u>
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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) <u>yes World War I</u>	16. SOCIAL SECURITY NO. <u>499 03 1963</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Charles Mitchell</u> ADDRESS <u>Belle, Mo</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</u>  <u>years</u>  <u>"</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute coronary occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary sclerosis</u> DUE TO (c) <u>Generalized arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Epilepsy (Grand mal)</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	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 I attended the deceased from May 1, 1952, to Oct. 16, 1952, that I last saw the deceased alive on Oct 10, 1952, and that death occurred at 4:42 m., from the causes and on the date stated above.

23a. SIGNATURE <u>F. L. Kozal, M.D.</u> (Degree or title)	23b. ADDRESS <u>Belle, Mo.</u>	23c. DATE SIGNED <u>Oct. 16, 1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>16 Oct. 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Koenig Methodist</u>	24d. LOCATION (City, town, or county) (State) <u>Osage County, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Oct 18 - 1952</u>	REGISTRAR'S SIGNATURE <u>Z. A. Owen</u> <u>235</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Morton Funeral Home</u> ADDRESS <u>Linn, Mo.</u>
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AUG 24 1952

NOV 1 - 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 Vernon M. Morton

Licensed Embalmer No. 425

P. O. Address Leam, 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.