

**STANDARD CERTIFICATE OF DEATH**

**39701**

State File No. ....

Registrar's No. **1359**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052**

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Sedalia</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Sedalia</b>	
c. LENGTH OF STAY (in this place) <b>46 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>321 E. Morgan</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>321 E. Morgan</b>		d. STREET ADDRESS (If rural, give location) <b>321 E. Morgan</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b> b. (Middle) <b>Randolph</b> c. (Last) <b>Mitchell</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 23, 1952</b>
-----------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------

5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>April 5, 1877</b>	9. AGE (In years last birthday) <b>75 yrs</b>	10. UNDER 1 YEAR Months	10. UNDER 1 YEAR Days	10. UNDER 1 YEAR Hours	10. UNDER 1 YEAR Mins.
--------------------	-------------------------------	-----------------------------------------------------------------------	---------------------------------------	-----------------------------------------------	-------------------------	-----------------------	------------------------	------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Fire Knocker (RETI)</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Missouri Pacific R.R. Co.</b>	11. BIRTHPLACE (State or foreign country) <b>Pilot Grove, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------	-------------------------------------------------------------------	--------------------------------------------

13a. FATHER'S NAME <b>Flint Mitchell</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Henderson</b>	14. NAME OF HUSBAND OR WIFE <b>Lowella M. Mitchell (Deceased)</b>
------------------------------------------	------------------------------------------------------	-------------------------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>702-16-0455</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Robert Mitchell</b>	17. ADDRESS <b>Sedalia, Mo.</b>
-----------------------------------------------------------------------------	--------------------------------------------	----------------------------------------------------------	---------------------------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Myocarditis</b>		
	DUE TO (c) <b>Chronic Interstitial Nephritis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerosis</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	----------------------------------------------------------------------------------

21a. ACCIDENT (Specify) <b>Car accident</b>	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 **Nov 21, 1952** to **Nov 23, 1952**, that I last saw the deceased alive on **11-23-1952** and that death occurred at **10 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>C. R. Madder M.D.</b>	23b. ADDRESS <b>Sedalia Mo. 166 1/2 W. Main</b>	23c. DATE SIGNED <b>11-27-52</b>
-----------------------------------------------------------	-------------------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov. 28, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Wesley Chapel Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Pilot Grove Mo.</b>
---------------------------------------------------------	--------------------------------	------------------------------------------------------------------	----------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <b>11/28/52</b>	REGISTRAR'S SIGNATURE <b>A. J. Campbell</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Thos. Clayton Howell Cooper</b>	25. ADDRESS
------------------------------------------	---------------------------------------------	---------------------------------------------------------------------	-------------

\*Licensed Embalmer's Certificate on Reverse Side

No. 300 FILED DEC 3 1952

# 104

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

X

DEC 5 1957

**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.....

*John Alfred*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4248*

P. O. Address *Red Lake*

**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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

State File No. \_\_\_\_\_  
Local Registrar's No. 358

**AFFIDAVIT FOR CORRECTION OF A RECORD**

On this 15 day of December, 1945, before me appears Robert Mitchell, who, upon his oath, states that the original record of ~~birth~~ death for George Russell Mitchell <sup>born</sup> Nov 23, 1952, in the State of Missouri, and which was filed at Sedalia on 28, 1952, should be corrected as follows:

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. 3 should read George Randolph Mitchell

Instead of George Russell Mitchell

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Robert Mitchell - Son  
Relationship Son

321 E Morgan St  
Present Address.

Subscribed and sworn to before me this 15 day of December, 1952

Francis L. Moore Notary Public.

My Commission expires \_\_\_\_\_  
My Commission Expires September 11, 1953

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

39701

39701  
1959