

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 19 1953

No. 300

10-48

BIRTH NO. _____		REG. DIST. NO. <u>169</u>		PRIMARY REG. DIST. NO. <u>4263</u> Registrar's No. <u>4</u>	
1. PLACE OF DEATH a. COUNTY <u>Knox</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Knox</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Novelty</u>		c. LENGTH OF STAY (in this place) <u>life</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Novelty</u> <u>1520</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At her Residence</u>			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ida</u>		b. (Middle) <u>McRae</u>		c. (Last) <u>Mitchell</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 11 1953</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Jan 11, 1880</u>		9. AGE (In years last birthday) <u>73</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lewis County, Mo.</u> <u>U</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Francis M. Miwether McRae</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine Meriwether</u>	
14. NAME OF HUSBAND OR WIFE <u>Robert Edward Mitchell</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Henry Berges Hurdland, Mo</u>		17. ADDRESS <u>Hurdland, Mo</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u> 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"/>	
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) <u>4201</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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>Jan 10</u> , 19 <u>53</u> , to <u>Jan 11</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Jan 11</u> , 19 <u>53</u> and that death occurred at <u>6:15 P.M.</u> from the causes and on the date stated above.					
23a. SIGNATURE <u>E. D. Holmes D.D.</u>		(Degree or title)		23b. ADDRESS <u>Novelty Mo</u>	
23c. DATE SIGNED <u>1-13-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>14 Jan 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Novelty Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Novelty Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Al Primer</u>	
DATE REC'D BY LOCAL REG. <u>Jan 15 53</u>		REGISTRAR'S SIGNATURE <u>Helle S. Hunsalt</u>		ADDRESS <u>Edina, Mo</u>	

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 Mrs J. W. Hudson

Licensed Embalmer No. 2972

P. O. Address Edina 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.