

No. 200
10:48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4789

State File No.

FILED FEB 17 1953

BIRTH NO. _____ REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 4036 Registrar's No. 5

0070

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

1. PLACE OF DEATH a. COUNTY <u>BATES</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BATES</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RICH HILL</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RICH HILL</u> <u>0070</u>	
c. LENGTH OF STAY (in this place) <u>3 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>604 1/2 PARK AVE.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>604 1/2 PARK AVE.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ELMER</u> b. (Middle) <u>ELSWORTH</u> c. (Last) <u>MITTS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB-11-1953</u>		
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5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>DEC-31-1884</u>		9. AGE (In years) last birthday <u>68</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>11</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>GEN FARMING</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
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13a. FATHER'S NAME <u>EDWARD MITTS</u>			13b. MOTHER'S MAIDEN NAME <u>LULA LEWMAN</u>			14. NAME OF HUSBAND OR WIFE _____		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Edna Marchant - Rich Hill, Mo.</u>		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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>None</u> ANTECEDENT CAUSES <u>Chronic Hypertension</u> Morbidity 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>3</u>	
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) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>493X</u>	

22. I hereby certify that I attended the deceased from Feb 15, 1953 to Feb 11, 1953, that I last saw the deceased alive on Feb 10, 1953 and that death occurred at 7:00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Edna Marchant</u> (Degree or title) _____		23b. ADDRESS _____		23c. DATE SIGNED <u>Feb 12 1953</u>	
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24a. BURIAL CREMATION (Specify) <u>BURIAL</u>		24b. DATE <u>FEB-15-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. VERNAN CEMETERY AMSTERDAM, MISSOURI</u>		24d. LOCATION (City, town, or county) (State) _____	
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DATE REC'D BY LOCAL REG. <u>2-13-53</u>		REGISTRAR'S SIGNATURE <u>Edna Douglas</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Booth Funeral Home, Rich Hill, Mo.</u>		ADDRESS _____	
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H.S. (Licensed Embalmer's Statement on Reverse Side)

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 Raleut G. Steinbech

Licensed Embalmer No. 4657

P. O. Address Burlington, 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.