

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4834

State File No.

0100
1

FILED MAR 9 - 1953

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 5121 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>		c. LENGTH OF STAY (In this place) <u>LIFE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>N.W. Columbia 10 Mile</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Persche T S</u>	
		d. STREET ADDRESS (If rural, give location) <u>N.W. Columbia 10 Mile</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u>		b. (Middle) <u>Lee</u>	
		c. (Last) <u>Mitchell</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>March 3 1953</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Jan 30 1884</u>
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>3</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer-Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>Boone Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jos G Mitchell</u>		13b. MOTHER'S MAIDEN NAME <u>Candie Brown</u>	
14. NAME OF HUSBAND OR WIFE <u>Oda Gillaspie Mitchell</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs George Andrews</u>		ADDRESS <u>Columbia</u>	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Nephritis, Arterio-sclerotic, & uremic</u>	
		INTERVAL BETWEEN ONSET AND DEATH <u>6 yrs 3 mos.</u>	
ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		DUE TO (b)	
		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS <u>Anemia, anemia</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
		<u>446x</u>	
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 type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec 1952</u> to <u>Mar 3 1953</u> , that I last saw the deceased alive on <u>Feb 27, 1953</u> , and that death occurred at <u>2 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>James H. H. M.D.</u>		23b. ADDRESS <u>506 Cherry Columbia</u>	
23c. DATE SIGNED <u>3.4.53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 5, 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>New Providence</u>		24d. LOCATION (City, town, or county) (State) <u>Columbia Boone Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 5 1953</u>		REGISTRAR'S SIGNATURE <u>Mrs. R. E. Palmox</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Willett Funeral Home</u>		ADDRESS <u>Columbia, Mo.</u>	

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, ~~only~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Lynnan H. Sprinkle

Licensed Embalmer No. 4013

P. O. Address Columbia, 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.