

No. 300
10. 48

LED MAR 5 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5130

State File No.

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5220 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give town or townships) <u>Main City, Cass Co. Mo. 2 hrs</u>		c. CITY (If outside corporate limits, write RURAL and give townships) <u>Drexel Rural</u>	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Coldwater Hosp</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Enoch</u> c. (Last) <u>Mitchell</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 24-1953</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov-12-1882</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 1 YEAR Hours _____	IF UNDER 1 YEAR Min. _____
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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>None</u>	11. BIRTHPLACE (State or foreign country) <u>near Drexel Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Robert Mitchell</u>	13b. MOTHER'S MAIDEN NAME <u>Ann Duncan</u>	14. NAME OF HUSBAND OR WIFE <u>Alice Jones Mitchell</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>500-03-7562</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Alice Mitchell</u>	ADDRESS <u>Drexel 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>arteriosclerosis</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"/>
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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) <u>4201</u>
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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? _____
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22. I hereby certify that I attended the deceased from 2/15/1952 to 2/24/1953, that I last saw the deceased alive on 2/5/1953, and that death occurred at 9:30 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>CW Marsh</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>DREXEL, MO.</u>	23c. DATE SIGNED <u>2/25/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb-27-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sharon Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Drexel, Mo</u>
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DATE REC'D BY LOCAL REG. <u>Feb 26, 1953</u>	REGISTRAR'S SIGNATURE <u>Nora Basual</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wkinson Brothers</u>	ADDRESS <u>Orchid, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

199

1956 FEB 23

RECEIVED
FEB 23
CASS COUNTY
HEALTH DEPARTMENT

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.....

Floyd Alkerman

Signed.....

Student Embalmer

Licensed Embalmer No. *3920*

P. O. Address *Harrisonville*

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.

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