

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14954**

FILED APR 20 1953

| | | | | | | | | | | | | | | |
|---|--|---|---|---|--|--|--|--|--|---|--|---|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 195 | | PRIMARY REG. DIST. NO. 5706 | | Registrar's No. 30 | | | | | | | | |
| 1. PLACE OF DEATH a. COUNTY McDonagh | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY McDonagh | | | | | | | | | | |
| b. CITY OR TOWN ANDERSON (Rural) | | c. LENGTH OF STAY (in this place) 30 YRS | | c. CITY OR TOWN ANDERSON | | 0600 | | | | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION HOME | | | | d. STREET ADDRESS (If rural, give location) 0 | | | | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) EDWARD CHAMBER MITCHELL | | | a. (First) EDWARD | | | b. (Middle) CHAMBER | | | c. (Last) MITCHELL | | | 4. DATE OF DEATH (Month) (Day) (Year) 3-29-53 | | |
| 5. SEX M | | 6. COLOR OR RACE W | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) N M 0 | | 8. DATE OF BIRTH April 9-1903 | | 9. AGE (In years last birthday) 49 | | IF UNDER 1 YEAR Months Days Hours Min. 11 20 | | IF UNDER 24 HRS. Hours Min. 1 20 | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER | | | 10b. KIND OF BUSINESS OR INDUSTRY SAME | | | 11. BIRTHPLACE (State or foreign country) SYRACUSE, KANS. | | | 12. CITIZEN OF WHAT COUNTRY? U.S. | | | | | |
| 13a. FATHER'S NAME E.F. MITCHELL | | | | 13b. MOTHER'S MAIDEN NAME HATTIE GHOVER | | | | 14. NAME OF HUSBAND OR WIFE NONE | | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no, or unknown) (If yes, give war or dates of service) No No | | | | 16. SOCIAL SECURITY NO. NONE | | 17. INFORMANT'S SIGNATURE OR NAME | | | | ADDRESS | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH | | | | |
| <p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis | | | | | | | | | | | | |
| | | ANTECEDENT CAUSES | | | | | | | | | | | | |
| | | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Suicide DUE TO (c) _____ | | | | | | | | | | | | |
| 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) (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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | | | | | | | | |
| 23a. SIGNATURE S. B. Burk (Degree or title) MD | | | | 23b. ADDRESS Anderson, Mo | | | | 23c. DATE SIGNED 4-1-53 | | | | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE 3-31-1953 | | 24c. NAME OF CEMETERY OR CREMATORY ANDERSON CEMETERY | | 24d. LOCATION (City, town, or county) (State) ANDERSON, MO. | | | | | | | | |
| DATE REC'D BY LOCAL REG. 402-53 | | REGISTRAR'S SIGNATURE Marye Humphrey 423-0 | | | | 25. FUNERAL DIRECTOR'S SIGNATURE R. M. Humphrey ADDRESS St. Louis, Mo. | | | | | | | | |

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

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APR 27 1953

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 *J. M. Humphrey Jr.*

Licensed Embalmer No. 4908

P. O. Address Noel 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.