

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15332

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 3057 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>RAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>RAY</u>	
b. CITY OR TOWN <u>RICHMOND</u>		c. CITY OR TOWN <u>RICHMOND</u>	
c. LENGTH OF STAY (in this place) <u>30 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>WEST ROYLE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME - WEST ROYLE ST.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>EDITH</u> b. (Middle) <u>BELL</u> c. (Last) <u>MITCHELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 22, 1953</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Aug. 29, 1867</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months Days Hours Min.
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		11. BIRTHPLACE (State or foreign country) <u>Carroll County, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>Wm Booker</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH Goudis</u>		14. NAME OF HUSBAND OR WIFE <u>ROBERT MITCHELL</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. BEULAH WHITE NORBORNE, Mo.</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of lt breast</u>		
	DUE TO (c) <u>with multiple metastases</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>5 yrs?</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>170X</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 <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from April 21, 1953, to April 22, 1953, that I last saw the deceased alive on April 21, 1953, and that death occurred at 12:55 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Deceased or title) <u>F. W. Johnson, M.D.</u>		23b. ADDRESS <u>Richmond, Mo.</u>		23c. DATE SIGNED <u>4/22/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-24-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairhaven</u>	
				24d. LOCATION (City, town, or county) (State) <u>Norborne, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>April 25 1953</u>		REGISTRAR'S SIGNATURE <u>Malcol Jackson</u> 273		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Knijschild &amp; Rodehudey, Hardin, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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S. No. 300  
v. 10-48

FILED APR 28 1953

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**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 *August Borcharding* .....

Licensed Embalmer No. *4678* .....

P. O. Address *Hardy 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.