

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25017  
3753

|   |                               |  |   |   |
|---|-------------------------------|--|---|---|
| BIRTH NO. FILED AUG 13 1953   |                               | REG. DIST. NO. 149   | PRIMARY REG. DIST. NO. 1002   | Registrar's No. 3753  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>  |   |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City mo</u>  |                               | c. LENGTH OF STAY (In this place) <u>2 Days</u>  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin, Mo</u> 8495 |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pickwick Hotel</u>   |                               | d. STREET ADDRESS (If rural, give location) <u>2504 E 7th Street</u>   |   |   |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Mr Alonzo Reed</u> b. (Middle) <u>Mitchell</u> p. (Last) <u>Mitchell</u>  |                               | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 28-53</u>  |   |   |
| 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>  | 8. DATE OF BIRTH <u>1897</u><br><u>8-5-1900</u>   | 9. AGE (In years last birthday) <u>52</u><br>Months <u>-</u> Days <u>-</u> Hours <u>-</u> Min. <u>-</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Watchmaker</u>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>Helsberg's Jewelry Co</u>   |   | 11. BIRTHPLACE (City and State or Foreign Country) <u>Virginia U S A</u>                                |
| 12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>   |                               | 13a. FATHER'S NAME <u>unknown</u>  |   | 13b. MOTHER'S MAIDEN NAME <u>unknown</u>  |
| 14. NAME OF HUSBAND OR WIFE <u>Margaret Mitchell</u>  |                               | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>  |   | 16. SOCIAL SECURITY NO. <u>495-09-5921</u>  |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Margaret Mitchell</u>  |                               | 17. ADDRESS <u>2504 E 7th St Joplin Mo</u>   |   |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><i>This does not mean mode of dying, such as heart failure, asphyxia, etc. It means the disease, trauma, or complication which caused death.</i>   |                               | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>feeling feb. Ev. on positive</u><br>ANTECEDENT CAUSES <u>acute</u><br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>for cyanide poisoning</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>897/8</u>  |
| 19a. DATE OF OPERATION  |                               | 19b. MAJOR FINDINGS OF OPERATION   |   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                     |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>suicide</u>   |                               | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u>  |   | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Joplin City, Jackson Co, Mo</u>                      |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7-28-53 3:45 P.M.</u>  |                               | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>  |   | 21f. HOW DID INJURY OCCUR? <u>apparently, took poison</u>   |
| 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 <u>Geo. C. Kealhofer</u> (Degree or title)   |                               | 23b. ADDRESS <u>5050 Woodway Ave</u>   |   | 23c. DATE SIGNED <u>7-29-53</u>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |                               | 24b. DATE <u>7-30-53</u>   | 24c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn</u>  |   |
| 24d. LOCATION (City, town, or county) (State) <u>Jackson Co Mo</u>  |                               | 25. FUNERAL DIRECTOR'S SIGNATURE <u>France Wornall</u> ADDRESS <u>K.C. Mo</u>  |   |   |
| DATE REC'D BY LOCAL REG. <u>7-29-53</u>   |                               | REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u>  |   |   |

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

Call Lynch

**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

*Russell N. France*

Licensed Embalmer No. *4255*

P. O. Address *K.C., 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.

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State File No. 25017

State of Missouri }  
 County of Jackson } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 3753

On this 10th day of August, 1953, before me appears Margaret Mitchell, who, upon her oath, states that the original record of ~~birth~~ ~~death~~

for Alonzo Reed Mitchell, died born July 28, 1953, in the State of Missouri, and which was filed at Kansas City on July 29, 1953, should be corrected as follows:

Item No. 8 should read August 5, 1897  
 Instead of August 5, 1900

Item No. 9 should read 55  
 Instead of 52

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
 Instead of Verified by Life Ins. Policy #17422  
 Item No. \_\_\_\_\_ should read dated June 12, 1931 - National Reserve  
 Instead of Life Ins. Co. KC Mo.

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
 Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
 Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
 Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
 Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Margaret Mitchell wife  
 Relationship. \_\_\_\_\_

5737 Olive KC Mo.  
 Present Address.

Subscribed and sworn to before me this 10th day of Aug., 1953.

My Commission expires August 24, 1956 Bessie W. Smith Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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