

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25306

State File No. \_\_\_\_\_

FILED JUL 31 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 303

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>		c. CITY OR TOWN <u>Independence</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>11 days</u>		e. STREET ADDRESS (If rural, give location) <u>414 N Pleasant 7000</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Indep. SAN. &amp; Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Rubey</u>	b. (Middle) <u>Bokamber</u>	c. (Last) <u>Mitchell</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 22 - 1953</u>
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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>Nov 15 1872</u>	9. AGE (In years) (last birthday) <u>80</u>	# UNDER 1 YEAR Months _____ Days _____	# UNDER 1 Wk. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Funeral Director</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Funeral</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Independence Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
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13a. FATHER'S NAME <u>Oliver H Mitchell</u>	13b. MOTHER'S MAIDEN NAME <u>Lucy Rubey</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Prewitt Mitchell</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <u>44-0379-070</u>	17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____
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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>11 days</u>  <u>1 year</u>  <u>1 year</u> <u>8 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General arterial-sclerosis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus</u> <u>Chronic Nephritis &amp; Uræmia</u>			

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) _____	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 July 19 1953 to July 22, 1953, that I last saw the deceased alive on July 21, 1953 and that death occurred at 10:30 AM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. H. Allen M.D.</u>	23b. ADDRESS <u>Independence, Mo.</u>	23c. DATE SIGNED <u>7/22/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>July 24 53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Worshipen Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Independence Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7-28-53</u>	REGISTRAR'S SIGNATURE <u>James A. Day</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Allen</u> ADDRESS <u>Independence Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 3 1958

**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.....  
Signature of Student Embalmer

Signed *J. M. Davis*

Licensed Embalmer No. *3156*

P. O. Address *Independence*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.