

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25881

FILED AUG 11 1953

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 4410 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Phelps</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. James</b>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) <b>St. James</b> <span style="float: right;">0818</span>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <b>None</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Della</b>	b. (Middle) <b>Maude</b>	c. (Last) <b>Mitchell</b>	4. DATE OF DEATH (Month) <b>July</b> (Day) <b>28</b> (Year) <b>1953</b>
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5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov 1, 1876</b>	9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>27</b>	IF UNDER 6 HRS. Hours <b></b> Mins. <b></b>
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>Texas</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Robert Mitchell</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Young, or unknown) <b>No</b> (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Robert Mitchell</b> ADDRESS <b>St. James, Mo.</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral apoplexy</b>		INTERVAL BETWEEN ONSET AND DEATH <b> sudden</b>  <b>10 yrs</b> <b>S.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b>		
	DUE TO (c) <b>Atherosclerosis</b>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Senility</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>334X</b>	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)
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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 7-2, 1953, to 7-28, 1953, that I last saw the deceased alive on 7-28, 1953, and that death occurred at 7 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J. D. Steiner M.D.</b>	23b. ADDRESS <b>St. James Mo</b>	23c. DATE SIGNED <b>7-29-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 30 53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Rose Berry Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Phelps Co, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>8-4-53</b>	REGISTRAR'S SIGNATURE <b>Ruth B. Powell</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C. Jesse Baker</b> ADDRESS <b>St. James Mo</b>
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WHILE FILLING IN—USE FADING BLACK INK—MAKE A PERMANENT RECORD

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.....

*C. Jesse Gahr*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4486

P. O. Address St, James, Missouri

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.