

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

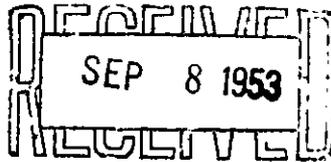
**29132**

State File No. ....

No. 300  
10.48

BIRTH NO. _____		REG. DIST. NO. <u>164</u>		PRIMARY REG. DIST. NO. <u>2037</u>		Registrar's No. <u>115</u>	
<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.)			
a. COUNTY <u>Johnson,</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg,</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Johnson</u>	
c. LENGTH OF STAY (In this place) <u>6 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg,</u>		d. STREET ADDRESS (If rural, give location) <u>125 North Water Street</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>				d. STREET ADDRESS (If rural, give location) <u>125 North Water Street</u>			
<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>				
a. (First) <u>George</u>			b. (Middle) <u>William</u>			c. (Last) <u>Mitchell</u>	
(Type or Print)			Date			Aug. 30th, 1953	
<b>5. SEX</b> <u>Male</u>		<b>6. COLOR OR RACE</b> <u>Colored</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>		<b>8. DATE OF BIRTH</b> <u>Feb. 14, 1885</u>	
<b>9. AGE</b> (In years last birthday) <u>68</u>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Methodist Minister</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Church</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Roach Port, Missouri</u>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>		<b>13a. FATHER'S NAME</b> <u>David Mitchell,</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Unkown</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Mrs. Ethel Mitchell</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		<b>16. SOCIAL SECURITY NO.</b> <u>none</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. Ethel Mitchell, Warrensburg, Mo</u>			
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b>					
		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Arterial fibrillation</u>				<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>1 hr</u>	
		<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>Coronary Artery Thrombosis</u>				<u>4 days</u>	
		DUE TO (c) _____					
		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.					
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP)</b>		<b>(COUNTY)</b> (STATE)	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from <u>8-27, 1953</u>, to <u>8-30</u>, 1953, that I last saw the deceased alive on <u>8-30</u>, 1953, and that death occurred at <u>2:15 A</u> m., from the causes and on the date stated above.</b>							
<b>23a. SIGNATURE</b> <u>R. Lee Cooper</u>				<b>(Degree or title)</b> <u>M.D.</u>		<b>23b. ADDRESS</b> <u>Warrensburg, Missouri</u>	
<b>23c. DATE SIGNED</b> <u>8-31-53</u>		<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>9-3-1953</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Miner (Sunset Hill)</u>	
<b>24d. LOCATION</b> (City, town, or county) (State) <u>Warrensburg, Missouri.</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>W. B. Branninger</u>		<b>ADDRESS</b> <u>Warrensburg, Mo.</u>			
<b>DATE REC'D BY LOCAL REG.</b> <u>Aug. 31, 1953</u>		<b>REGISTRAR'S SIGNATURE</b> <u>D. S. ...</u>		<b>(Licensed Embalmer's Statement on Reverse Side)</b>			

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



JOHNSON COUNTY HEALTH DEPT.

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 RA Branninger

Licensed Embalmer No. 33 77

P. O. Address: Warrensburg, 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.