

FILED SEP 8 - 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29263

BIRTH NO. _____		REG. DIST. NO. <u>167</u>		PRIMARY REG. DIST. NO. <u>5700</u>		Registrar's No. <u>123</u>	
1. PLACE OF DEATH a. COUNTY <u>Livingston</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BEDFORD Grand River, Mo.</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bedford,</u>		<u>0590</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>home, Bedford,</u>				d. STREET ADDRESS (If rural, give location) <u>home.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>MARY</u>		b. (Middle) <u>ELIZABETH</u>		c. (Last) <u>MITCHELL</u>	
4. DATE OF DEATH		(Month) <u>August</u>		(Day) <u>24,</u>		(Year) <u>1953</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed,</u>		8. DATE OF BIRTH	
9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR Months <u>9</u>		IF UNDER 1 YEAR Days <u>no</u>		IF UNDER 1 YEAR Hours <u>no</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bedford, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Daniel Root.</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Heryford,</u>		14. NAME OF HUSBAND OR WIFE <u>Chas S. Mitchell</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ralph Mitchell, Avalon, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u>		DUPLICATE OF (a) <u>Baronina of Breat Smith</u>				<u>3 wk</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Not astute to heart</u>					
DUE TO (c)							
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		<u>170X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>26 July, 1953</u> , to <u>24 Aug, 1953</u> , that I last saw the deceased alive on <u>24 Aug, 1953</u> , and that death occurred at <u>11:15 Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>V D Vandiver MD</u>				23b. ADDRESS <u>Chillicothe Mo.</u>		23c. DATE SIGNED <u>25 Aug 1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>8/26/1953</u>		24c. NAME OF CEMETERY, OR CREMATORY <u>Wheeling</u>		24d. LOCATION (City, town, or county) (State) <u>Wheeling, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Aug - 27 1953</u>		REGISTRAR'S SIGNATURE <u>Frances B Neill</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clifford W. Austin,</u>		ADDRESS <u>Tina, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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.....

Student Embalmer No. ....

Working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Clifford W. Austin*

Licensed Embalmer No. 3233,

P. O. Address *Tina, Missouri*

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.