

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36612

State File No.

FILED NOV 4 - 1953

BIRTH NO. _____ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 5819 Registrar's No. 57

0710

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

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>	
b. CITY OR TOWN <u>Rural Osage Township</u>		c. CITY OR TOWN <u>Gravois Mills</u>	
c. LENGTH OF STAY (in this place) <u>6 yrs</u>		d. Is Residence within limits of city or incorporated town? <u>No</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>I. M. S. W. Gravois Mills</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clarence</u>		b. (Middle) <u>Mack</u>	
		c. (Last) <u>Mitchell</u>	
		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 30, 1953</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
		7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Mar. 22, 1874</u>		9. AGE (In years) (Month) (Day) (Year) <u>74 7 8</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Guard</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Nashville, Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wyatt Mitchell</u>		13b. MOTHER'S MAIDEN NAME <u>No Record</u>	
14. NAME OF HUSBAND OR WIFE <u>Mary W. Mitchell</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mary W. Mitchell</u>		ADDRESS <u>Gravois Mills, Mo.</u>	
18. CAUSE OF DEATH			
Enter only one cause per line for (a), (b), and (c)			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</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.			
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 <u>002X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)			
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?			
22. I hereby certify that I attended the deceased from <u>July 19, 1949</u> , to <u>Oct 30, 1953</u> , that I last saw the deceased alive on <u>Oct 30, 1953</u> , and that death occurred at <u>8:45 p. m.</u> , from the causes and on the date stated above.			
22a. SIGNATURE <u>J. L. Washburn M.D.</u> (Degree or title)		22b. ADDRESS <u>Versailles Mo.</u>	
22c. DATE SIGNED <u>10/31/53</u>			
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23a. DATE <u>Nov. 21-53</u>	
23b. NAME OF CEMETERY OR CREMATORY <u>Brooking Cemetery</u>		23c. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>10/31/53</u>		REGISTRAR'S SIGNATURE <u>J. L. Washburn</u> ADDRESS <u>214 - 0 Versailles, Mo.</u>	
24. FUNERAL DIRECTOR'S SIGNATURE <u>M. F. Kibull</u>		ADDRESS <u>Versailles, Mo.</u>	

JUN 4 1959

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 *Raymond C. Fisher*

Licensed Embalmer No. *4626*
P. O. Address *Versailles*

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.