No. 300
10-48

0760 1

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39848

State File No.

FILED DEC 9 1953

BIRTH NO. REG. DIST. NO. 256 PRIMARY REG. DIST. NO. 5879 Registrar's No. 13

1. PLACE OF DEATH
a. COUNTY: Osage
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Benton Twp
c. LENGTH OF STAY (In this place): 40 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Osage
c. CITY OR TOWN:
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Chamois, Mo. RFD 0760 0

3. NAME OF DECEASED (Type or Print)
a. (First): Park
b. (Middle): Andrew
c. (Last): Mitchem

4. DATE OF DEATH (Month) (Day) (Year): Dec 1, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 27, 1878
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months 10, Days 4 — IF UNDER 1 HR.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and State or Foreign Country): Texas County Missouri
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: William Mitchem
13b. MOTHER'S MAIDEN NAME: Susanna Adkins
14. NAME OF HUSBAND OR WIFE: Elsie Denning Mitchem
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Elsie Mitchem. Chamois, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c).

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma — generalized — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Bronhogenic Carcinoma — 6 to 12 mo.
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: 163 X
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 7-30—, 1953, *to* 12-1—, 1953, *that I last saw the deceased alive on* 12-1—, 1953, *and that death occurred at* 5:15 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. B. Farnsworth D.O.
23b. ADDRESS: Chamois, Mo.
23c. DATE SIGNED: 12-4-53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/4/53
24c. NAME OF CEMETERY OR CREMATORY: South Cemetary
24d. LOCATION (City, town, or county) (State): Chamois, Mo. RFD

DATE REC'D BY LOCAL REG.: 12/5/53
REGISTRAR'S SIGNATURE: Emma Moran
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: [illegible] Chamois, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Vernon M. Morto

Licensed Embalmer No. 42

P. O. Address Lim

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.