

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9411**

BIRTH NO. **FILED APR 14 1954** REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **98**

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Hannibal	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence, 1414 Union		e. STREET ADDRESS (If rural, give location) 1414 Union	
3. NAME OF DECEASED (Type or Print) a. (First) Dicy K. Mitchell b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) April 3, 1954
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 1, 1870
9. AGE (In years last birthday) 85		10. MONTHS 11	11. DAYS 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) XX		10b. KIND OF BUSINESS OR INDUSTRY XX	
11. BIRTHPLACE (City and State or Foreign Country) Randolph County Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Robert M. Collins		13b. MOTHER'S MAIDEN NAME Martha Rutherford	14. NAME OF HUSBAND OR WIFE William J. Mitchell (deceased)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Jessie Epperson - Hannibal Missouri
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Astero sclerosis generalized ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Auricular fibrillation		INTERVAL BETWEEN ONSET AND DEATH 2 yers
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4500		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)	21d. TIME OF INJURY (Month) (Day) (Year) (Hour)
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 March 25, 1954 to March 27, 1954 , that I last saw the deceased alive on March 27, 1954 and that death occurred at 4:00 a. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Robert Lanning M.D.		23b. ADDRESS Hannibal Mo	23c. DATE SIGNED 3/5/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/6/1954	24c. NAME OF CEMETERY OR CREMATORY Mount Olivet	24d. LOCATION (City, town, or county) (State) Hannibal Missouri
DATE REC'D BY LOCAL REG. 4-8-54	REGISTRAR'S SIGNATURE Dr. E.M. Lucke	GENERAL DIRECTOR'S SIGNATURE Lawford Smith	ADDRESS Hannibal Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

RECEIVED APR 12 1954
MARION CO. HEALTH DEPT.
DATE FILED APR 12 1954

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 *H. Crawford Sme*.....

Licensed Embalmer No... 3614

P. O. Address Hannibal Miss

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.