

FILED APR 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12947**

BIRTH NO. _____ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054** Registrar's No. **42**

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Pike	
b. CITY OR TOWN Louisiana		c. CITY OR TOWN Louisiana	
d. FULL NAME OF HOSPITAL OR INSTITUTION 204 Wehrman Ave.		d. STREET ADDRESS (If rural, give location) 204 Wehrman Ave.	

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) Aaron	c. (Last) Mitchell	4. DATE OF DEATH (Month) (Day) (Year) April 14, 1954
-------------------------------------	------------------------	--------------------------	---------------------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Sept. 9, 1933	9. AGE (In years last birthday) 20	IF UNDER 1 YEAR Months 7 Days 5	IF UNDER 24 HRS. Hours 5 Min.
--------------------	-------------------------------	---	---------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Invalid	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (State or foreign country) Louisiana, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
---	--	--	--

13a. FATHER'S NAME Aaron Mitchell	13b. MOTHER'S MAIDEN NAME Ivah Rose Sitton	14. NAME OF HUSBAND OR WIFE -----
---	--	--------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME Aaron Mitchell, Louisiana, Mo.	ADDRESS Louisiana, Mo.
---	----------------------------------	--	----------------------------------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Meningitis + Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 2 weeks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Epilepsy following old skull fracture + DUE TO (c) Cerebrospinal Phenomena		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 3533	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)	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 **1949**, to **4-14, 1954**, that I last saw the deceased alive on **4-12, 1954**, and that death occurred at **6:30 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm. H. Luellen M.D.	23b. ADDRESS Louisiana, Mo.	23c. DATE SIGNED 4-14-54
--	---------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/16/54	24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery	24d. LOCATION (City, town, or county) (State) Louisiana, Mo.
--	-----------------------------	---	--

DATE RECD BY LOCAL REGISTRAR'S SIGNATURE Apr 15 1954 Bernice Collier	1374 FUNERAL DIRECTOR'S SIGNATURE George O. Hayes	ADDRESS Louisiana, Mo.
--	--	----------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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 George O. Wagner

Licensed Embalmer No. 3772

P. O. Address Louisiana, La.

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.