

McCracken

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15273

No. 300
10.48

FILED JUN 8 1954

State File No.

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 56

1. PLACE OF DEATH
a. COUNTY Clay
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Excelsior Springs, Mo.
c. LENGTH OF STAY (in this place) 30 years
d. FULL NAME OF HOSPITAL OR INSTITUTION Excelsior Springs Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Clay
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Washington
d. STREET ADDRESS (If rural, give location) Rural Route I 6000

3. NAME OF DECEASED
a. (First) WILLIAM (Middle) A. c. (Last) MITCHELL

4. DATE OF DEATH (Month) (Day) (Year)
MAY 16 1954

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH MAY 27, 1877

9. AGE (In years last birthday) 76

IF UNDER 1 YEAR Months 11 Days 20

IF UNDER 24 HRS. Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter

10b. KIND OF BUSINESS OR INDUSTRY Contractor, Builder

11. BIRTHPLACE (State or foreign country) Marshall, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME M. Mitchell

13b. MOTHER'S MAIDEN NAME _____

14. NAME OF HUSBAND OR WIFE Ethel Lee Mitchell, R.R.I. Excelsior Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. (If yes, give year or dates of service) No

499-07-1066

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ethel Lee Mitchell, R.R.I. Excelsior 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis
ANTECEDENT CAUSES
DUE TO (b) virus influenza
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
6 days
7 days

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

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) _____

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 5/11, 1954, to 5/16, 1954, that I last saw the deceased alive on 5/16, 1954, and that death occurred at 8:00 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. Drackner, M.D.

23b. ADDRESS Excelsior Springs, Mo.

23c. DATE SIGNED 5/17/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE May 19, 1954

24c. NAME OF CEMETERY OR CREMATORY Lawson Cemetery

24d. LOCATION (City, town, or county) (State) Lawson Mo.

DATE REC'D BY LOCAL REG. 5/17/54

REGISTRAR'S SIGNATURE Caroline Hutchings

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hope Funeral Home, Excelsior Mo.

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

Chas Virgil Hope

Licensed Embalmer No.

3950

P. O. Address

Excelsior Springs

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.