

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19509

State File No.

FILED JUL 15 1954
BIRTH NO. 36998-54

REG. DIST. NO. 175

PRIMARY REG. DIST. NO. 3036

Registrar's No. 48

0551

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

1. PLACE OF DEATH a. COUNTY Lawrence			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri			b. COUNTY Stone			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Aurora		c. LENGTH OF STAY (in this place) 3 days	c. CITY OR TOWN Hurley		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION Aurora Hospital						e. STREET ADDRESS (If rural, give location) No Street Address			
3. NAME OF DECEASED (Type or Print) a. (First) LARRY			b. (Middle) EUGENE		c. (Last) MITCHELL		4. DATE OF DEATH (Month) (Day) (Year) June 30-1954		
5. SEX Male		6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH June 27-1954		9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 0 Days 3	IF UNDER 18 Hrs. Hours 3 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			10b. KIND OF BUSINESS OR INDUSTRY - - -		11. BIRTHPLACE (City and State or Foreign Country) Aurora, Missouri			12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME Billy Joe Mitchell			13b. MOTHER'S MAIDEN NAME Shirley Lorene Gipson			14. NAME OF HUSBAND OR WIFE None			
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Billy Joe Mitchell, Hurley, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature - 34 wks gest. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Lance infection. 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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 776 x						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 June 27, 1954 , to June 30, 1954 , that I last saw the deceased alive on June 30, 1954 , and that death occurred at 9:00 a.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) J. L. Lopez				23b. ADDRESS No. Aurora, Mo.			23c. DATE SIGNED 7-2-54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 1, 1954		24c. NAME OF CEMETERY OR CREMATORY Short Cemetery		24d. LOCATION (City, town, or county) (State) Hurley, Missouri			
DATE REC'D BY LOCAL REG. 7-12-54		REGISTRAR'S SIGNATURE Orsa Mc Natt			25. FUNERAL DIRECTOR'S SIGNATURE John H. Harris		ADDRESS Clever, 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 embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *John Dean Harris*

Licensed Embalmer No. *4390*

P. O. Address *Cleveland, Ohio*

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.