

FILED JUL 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 23419

BIRTH NO. _____		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>5580</u>		Registrar's No. <u>94</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>			
b. CITY OR TOWN <u>R 1 Carl Junction</u>		c. LENGTH OF STAY (in this place) <u>2 1/2 yrs.</u>		c. CITY OR TOWN <u>Carl Junction R1</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R 1</u>				e. STREET ADDRESS (If rural, give location) <u>R 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Inez</u> b. (Middle) <u>M.</u> c. (Last) <u>Mitchell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 9th 1954</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug 21th, 1899</u>	
9. AGE (to years last birthday) <u>54</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (to years last birthday) <u>54</u> 10. <u>10</u> 15. <u>15</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Granby, Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Arthur Johnson</u>			13b. MOTHER'S MAIDEN NAME <u>Amy DePriest</u>			14. NAME OF HUSBAND OR WIFE <u>T. J. Mitchell - husband</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>T. J. Mitchell, R1 Carl Junction Mo</u> ADDRESS _____		
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) <u>Acute Respiratory Failure.</u>					INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypostatic Pneumonia.</u>					<u>1 day</u>
		DUE TO (c) <u>Metastatic Sarcoma of Liver</u>					<u>4 mos.</u>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Primary Sarcoma of Pancreas with metastasis to liver and dorsal spine.</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>					20. AUTOPSY? YES <input checked="" 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) (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 <u>August</u> , 19 <u>46</u> , to <u>July 9</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>July 9</u> , 19 <u>54</u> , and that death occurred at <u>11:50P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title)			23b. ADDRESS <u>Asbury, Mo.</u>		23c. DATE SIGNED <u>7/10/54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/12/1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Carl Junction Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Carl Junction, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>7-18-54</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Carl Junction, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 26
Jasper County Health Of
County File Number 54-7-6
Date Filed JUL 26

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 *Jack C. Simpson*.....
Licensed Embalmer No. 46
P. O. Address *Webb Co*.....

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.