

FILED OCT 7 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30731  
4366

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>	c. LENGTH OF STAY (In this place) <b>7 YEARS</b>	c. CITY OR TOWN <b>KANSAS CITY</b>	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 <b>1520 EAST-49<sup>TH</sup> STREET</b>			
STREET ADDRESS (If rural, give location) <b>1520 EAST-49<sup>TH</sup> STREET</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>JAMES</b>		b. (Middle) <b>R.</b>		c. (Last) <b>MITCHELL</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>SEPTEMBER-10-1954</b>	
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JULY-19-1907</b>	9. AGE (In years last birthday) <b>47</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NEW CAR SALESMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>MOTOR COMPANY</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>LANCASTER COUNTY, VIRGINIA</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
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13a. FATHER'S NAME <b>WILLIAM MITCHELL</b>		13b. MOTHER'S MAIDEN NAME <b>ADDIE C. SCHWAB</b>		14. NAME OF HUSBAND OR WIFE <b>MRS. GASTEL M. MITCHELL</b>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>227-07-6938</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>MRS. GASTEL M. MITCHELL 1520 E. 49<sup>TH</sup> ST. KANSAS CITY, MO.</b>			
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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) <b>Cerebral thrombosis</b>				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) <b>arteriosclerotic heart disease</b>			
				DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>4200</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **8:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Geo. C. Kealhofer</b> (Degree or title)		23b. ADDRESS <b>6627 Prospect St. C.W.</b>		23c. DATE SIGNED <b>9-10-54</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>SEPT-13-1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MT. MORIAH CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>	
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DATE REC'D BY LOCAL REG. <b>9-13-54</b>		REGISTRAR'S SIGNATURE <b>neva minshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>O.H. Newcomer Sons 1331-1335 H CREEK KANSAS CITY, MO.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
*Basil V. Bone*

Licensed Embalmer No. *472*

P. O. Address *K. C., Mo.*

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.