

FILED DEC 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41961

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 148

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana		c. CITY OR TOWN Louisiana	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 5 min.		e. STREET ADDRESS (If rural, give location) 909 Texas Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pike Co. Hospital		0821	

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) EUGENE c. (Last) MITCHELL			4. DATE OF DEATH (Month) (Day) (Year) DEC. 12, 1954		
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 18, 1896	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months 8 Days 24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer		10b. KIND OF BUSINESS OR INDUSTRY Farm Laborer	11. BIRTHPLACE (City and State or Foreign Country) Pike Co., Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Preston Mitchell		13b. MOTHER'S MAIDEN NAME Lucretia Johnson		14. NAME OF HUSBAND OR WIFE Lena Mitchell	
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. 489-26-7976		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lillian Mitchell, Louisiana, Missouri	

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		INTERVAL BETWEEN ONSET AND DEATH 6 mo.	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism			3 mo
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Anterograde Cordis Minuta Urinary Disease			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Renal Disease		3 mo		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Type unknown 443 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **9-27, 1954**, to **12-12, 1954**, that I last saw the deceased alive on **12-4, 1954**, and that death occurred at **3:00 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE Chas. A. Luweller (Degree or title)	23b. ADDRESS M.D. Louisiana, Missouri	23c. DATE SIGNED 12-13-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/15/54	24c. NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery
24d. LOCATION (City, town, or county) (State) Pike Co., Missouri		

DATE REC'D BY LOCAL REG. Dec 20 1964	REGISTRAR'S SIGNATURE Bernice Collier	25. FUNERAL DIRECTOR'S SIGNATURE Sterne Funeral Home, Louisiana, Mo.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

821

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.....*Virginian M. Sterne*.....

Licensed Embalmer No. *46467*

P. O. Address *Louisiana*

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.