

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **43067**

FILED DEC 28 1954

BIRTH NO. _____ REG. DIST. NO. 824 PRIMARY REG. DIST. NO. 3072 Registrar's No. 210

1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u>		c. LENGTH OF STAY (to this place) <u>23 hours</u>		c. CITY OR TOWN <u>Rural-Blackwater Twp</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>Fitzgibbon Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>4 miles southwest Marshall Jnc</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harley</u> b. (Middle) <u>Russell</u> c. (Last) <u>Mitchell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 21, 1954</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 5, 1900</u>		
9. AGE (in years last birthday) <u>54</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>16</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Saline County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James Washington Mitchell</u>			13b. MOTHER'S MAIDEN NAME <u>Ida May Wallace</u>		14. NAME OF HUSBAND OR WIFE <u>Della Niceley Mitchell</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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. H.R. Mitchell - Houstonia, Mo.</u>				
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cervical Spine Paralysis Lower Extremities</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E 9121 3</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>1 day</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT (Specify) <u>Accident</u> SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Houstonia, Peter, Mo.</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12/20/1954</u> m. <u></u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Caught in machinery</u>				
22. I hereby certify that I attended the deceased from <u>12/20, 1954</u> , to <u>12/21, 1954</u> , that I last saw the deceased alive on <u>12/21, 1954</u> , and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Harley Russell Mitchell MD</u>				23b. ADDRESS <u>Marshall Mo.</u>		23c. DATE SIGNED <u>12/22/54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-26-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Memorial Gardens</u>		24d. LOCATION (City, town, or county) (State) <u>Marshall, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>12.22.54</u>		REGISTRAR'S SIGNATURE <u>Edw. J. Gray</u> <u>385</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Campbell-Lewis MARSHALL, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

0972

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VS
MAY 27 1959
VS
MAY 2 1959

JAN 5 1955

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.....
Licensed Embalmer No. 4709
P. O. Address Marshall, W. Va.

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.