

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 347BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 002 Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | c. CITY OR TOWN Kansas City | 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) 17 yrs. | | STREET ADDRESS (If rural, give location) 37 East 53rd St. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 37 East 53rd St. | | STREET ADDRESS (If rural, give location) 37 East 53rd St. | |
| 3. NAME OF DECEASED (Type or Print) a. (First) David b. (Middle) S. c. (Last) Mitchell | | 4. DATE OF DEATH (Month) (Day) (Year) 1-24-1956 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH 5-24-1874 |
| 9. AGE (In years last birthday) 80 | | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant | | 10b. KIND OF BUSINESS OR INDUSTRY Chamberlain Cart. | 11. BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME George Mitchell | |
| 13b. MOTHER'S MAIDEN NAME Mary Lusk | | 14. NAME OF HUSBAND OR WIFE Fayette Mitchell | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. None | |
| 17. INFORMANT'S SIGNATURE OR NAME Mrs. Ruth McCormack | | ADDRESS 37 E. 53rd. K. C. 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) generalized arteriosclerosis 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 instant | | 4201 | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 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) m. | | 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>May</u> , 19 <u>52</u> to <u>1-24</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>12-19</u> , 19 <u>54</u> , and that death occurred at <u>4 P.m.</u> , from the causes and on the date stated above. | |
| 23a. SIGNATURE (Degree or title) James R. McVey M.D. | | 23b. ADDRESS 814 V.F. W. Bldg. | |
| 23c. DATE SIGNED 1-25-56 | | 24a. BURIAL, CREMATION REMOVAL (Specify) Burial | |
| 24b. DATE 1-27-1956 | | 24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery | |
| 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri | | DATE REC'D BY LOCAL REG. 1-25-56 | |
| REGISTRAR'S SIGNATURE Walter Marshall | | 25. FUNERAL DIRECTOR'S SIGNATURE Muehlebach | |
| ADDRESS Kansas City, Mo. | | ADDRESS Muehlebach Funeral Home Kansas City, Mo. | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
James R. McVey

Dr. James McVay
V.F.W. Bldg - 34th Broadway
2-5 P.M.

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..... *W. M. Ward*

Licensed Embalmer No. 39

P. O. Address 308 E. 6th St.
N. C.

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.