

FILED MAY 2 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11122

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 5134		Registrar's No. 437	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Washington Twp		c. LENGTH OF STAY (in this place) 28 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Washington		0110	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 38th & Locust Sts., RR #7, St. Joseph				d. STREET ADDRESS (If rural, give location) RR #6, St. Joseph			
3. NAME OF DECEASED (Type or Print) a. (First) DOROTHY b. (Middle) ANN c. (Last) MITCHELL			4. DATE OF DEATH (Month) (Day) (Year) APRIL 23, 1955				
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Sept 23, 1889	
9. AGE (in years last birthday) 65		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Near Craig, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Thompson			13b. MOTHER'S MAIDEN NAME Emma Brunk		14. NAME OF HUSBAND OR WIFE Earnest Clyde 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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Earnest C. Mitchell, RR #6, St. Joseph, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of right lung						INTERVAL BETWEEN ONSET AND DEATH unknown	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hydrothorax of right lung						unknown	
DUE TO (c)							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
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)		163 X	
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 Jan 24, 1955, to Apr 23, 1955, that I last saw the deceased alive on Apr 22, 1955, and that death occurred at 9:30A m., from the causes and on the date stated above.							
23a. SIGNATURE H. J. Mundy (Degree or title) M.D.				23b. ADDRESS 2801 Sacramento St., St. Joseph, Missouri		23c. DATE SIGNED 4/27/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 24, 1955		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		24d. LOCATION (City, town, or county) (State) Mound City, Mo.	
DATE REC'D BY LOCAL REG. April 28, 1955		REGISTRAR'S SIGNATURE Kathryn M. Allison 485		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS James H. Crawford Mound City, Mo.			

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

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
Student Embalmer

Signed *James H. Crawford*
.....
Licensed Embalmer No. *4796*

P. O. Address *Mound City, 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 this body is not embalmed, fact should be so stated above.