

FILED MAY 5 1955

STANDARD CERTIFICATE OF DEATH

State File No. 12370

BIRTH NO. REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give township) Carthage		c. CITY OR TOWN Carthage	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) 50 yrs.		No. STREET ADDRESS 703 W. Macon	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune-Brooks Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Pauline		b. (Middle) E.		c. (Last) Mitchell		4. DATE OF DEATH (Month) (Day) (Year) April 30, 1955	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 1, 1888		9. AGE (In years last birthday) 67	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and State or Foreign Country) Arkansas /		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Leige Thomas		13b. MOTHER'S MAIDEN NAME Flora ?		14. NAME OF HUSBAND OR WIFE Charles 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 Charles Mitchell, Carthage, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage, severe		INTERVAL BETWEEN ONSET AND DEATH 4 1/2 hrs.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension, essential		4-5 yrs.	
		DUE TO (c) Moderately Severe Osteoarthritis		10 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X		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 type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 4:30 AM 4-30 1955, to 12:30 PM 4-30 1955, that I last saw the deceased alive on 4-30 1955 and that death occurred at 12:30 PM, from the causes and on the date stated above.

23a. SIGNATURE Grover S. Patterson MD		23b. ADDRESS 506 S Main Carthage, Mo		23c. DATE SIGNED 4-30-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-3-1955		24c. NAME OF CEMETERY OR CREMATORY Oakwood Cemetery		24d. LOCATION (City, town, of county) (State) Parsons, Kansas	
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DATE REC'D BY LOCAL REG. 4-30-55		REGISTRAR'S SIGNATURE W. H. Clinton		25. FUNERAL DIRECTOR'S SIGNATURE Knell Mortuary, Carthage, Mo.		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

County File Number 335-1000  
Date Filed MAY 2 1955

OCT 31 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 D. L. Isbell .....

Licensed Embalmer No. 4970

P. O. Address Carthage

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.