

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **14419**

No. 300  
10-48

**FILED MAY 16 1955**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **338** PRIMARY REG. DIST. NO. **6148** Registrar's No. **8**

1. PLACE OF DEATH a. COUNTY <b>Stoddard</b>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE <b>Mo</b>	
b. CITY OR TOWN <b>Bloomfield</b>		b. COUNTY <b>Stoddard</b>	
c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>Bloomfield</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>R-4</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <b>Rural 7 1030</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Maud</b>	b. (Middle) <b>Frances</b>	c. (Last) <b>Mitchel</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 18-1955</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec 28-1900</b>	9. AGE (In years last birthday) <b>54</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Dunklin County Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>James Oliver</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Sikes</b>	13c. NAME OF HUSBAND OR WIFE <b>Claud Mitchel</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Claud Mitchel</b>	ADDRESS <b>Bloomfield Mo.</b>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CORONARY OCCLUSION</b>		INTERVAL BETWEEN ONSET AND DEATH <b>MIN'S.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>CORONARY ARTERY DISEASE</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>HYPERTENSION</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **2-15**, 19**53**, to **1-20**, 19**55**, that I last saw the deceased alive on **9-28**, 19**55**, and that death occurred at **7:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>L. D. Davenport</b>	(Degree or title)	23b. ADDRESS <b>Bloomfield</b>	23c. DATE SIGNED <b>5-1-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4-20-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Ridge</b>	24d. LOCATION (City, town, or county) (State) <b>Kennett, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>5-11-1955</b>	REGISTRAR'S SIGNATURE <b>L. C. Mooney</b>	GENERAL DIRECTOR'S SIGNATURE <b>W. G. Service</b>	ADDRESS <b>Kennett, Mo.</b>
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(Licensed Embroider's Statement on Reverse Side)

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.....  
Signature of Student Embalmer

Signed *Edgar Lee Fair*.....

Licensed Embalmer No. *445*.....

P. O. Address *Kennett*.....

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.