

FILED DEC 5 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36035**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1244**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL, and give townshp) OR TOWN <b>St. Joseph</b>	c. LENGTH OF STAY (In this place) <b>3yrs</b>	c. CITY OR TOWN <b>St. Joseph</b>	d. Is Residence within limits of a city or incorporated town? No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Josephs Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>Rt #6</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Pearl</b>	b. (Middle)	c. (Last) <b>Mitchell</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 21 1955</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Dec 7, 1903</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeping</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	9. AGE (In years last birthday) <b>51</b> IF UNDER 1 YEAR Months <b>11</b> Days <b>14</b> IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
11. BIRTHPLACE (City and State or Foreign Country) <b>Maysville, Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Ed Duce</b>	13b. MOTHER'S MAIDEN NAME <b>Laura Gentry</b>	14. NAME OF HUSBAND OR WIFE <b>Delmar Mitchell (De)</b>
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 ADDRESS <b>Wanda Bembrick St. Joseph, Mo</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Cerebral Thrombosis</b>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>332X</b>			

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) (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 **May 3, 1952**, to **Nov 21, 1955**, that I last saw the deceased alive on **Nov 21, 1955**, and that death occurred at **9:30 AM.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J. M. Motherhead M.D.</b>	23b. ADDRESS <b>2603 Frederick Ave, City</b>	23c. DATE SIGNED <b>11/23/55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11/22/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olive Cemetery</b>
24d. LOCATION (City, town, or county) <b>Troy</b>		(State) <b>Kansas</b>

DATE REC'D BY LOCAL REG. <b>Nov 28, 1955</b>	REGISTRAR'S SIGNATURE <b>Kathleen M. Allison 485</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J. P. Decker St. Joseph, Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

DEC 6 1945

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 *John E. Rupp*

Licensed Embalmer No: 398

P. O. Address: *St. Joseph*

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.