

FILED NOV 18 1955

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **37259**

BIRTH NO. _____ REG. DIST. NO. **157** PRIMARY REG. DIST. NO. **3028** Registrar's No. **182**

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Carthage		c. LENGTH OF STAY (in this place) 11 yrs.	c. CITY OR TOWN Carthage
d. FULL NAME OF HOSPITAL OR INSTITUTION 904 Howard Street		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
STREET ADDRESS 904 Howard Street		(If rural, give location) 049²	

3. NAME OF DECEASED (Type or Print) OWEN THOMAS MITCHELL		4. DATE OF DEATH (Month) (Day) (Year) November 8, 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 29, 1892
9. AGE (In years last birthday) 65		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) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Carpentering	11. BIRTHPLACE (City and State or Foreign Country) Carthage, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.			

13a. FATHER'S NAME Jerry M. Mitchell	13b. MOTHER'S MAIDEN NAME Emma Birt	14. NAME OF HUSBAND OR WIFE Alberta Dettwiler
--	---	---

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. 447-12-8828	17. INFORMANT'S SIGNATURE OR NAME Mrs. A. Mitchell, Carthage, Missouri	ADDRESS Carthage, Missouri
--	---	--	--------------------------------------

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		INTERVAL BETWEEN ONSET AND DEATH 1 hr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 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)	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 **11-2**, 19**49**, to **11-8**, 19**55**, that I last saw the deceased alive on **10-7**, 19**55**, and that death occurred at **1:00 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE M. Carter Whitten	(Degree or title) MD	23b. ADDRESS Carthage, Missouri	23c. DATE SIGNED 11-8-55
--	--------------------------------	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/10/55	24c. NAME OF CEMETERY OR CREMATORY Park Cemetery	24d. LOCATION (City, town, or county) (State) Carthage, Missouri
--	------------------------------	--	--

DATE REC'D BY LOCAL REG. 11-9-55	REGISTRAR'S SIGNATURE E. H. Clinton	139	25. FUNERAL DIRECTOR'S SIGNATURE Knell Mortuary, Carthage, Missouri	ADDRESS
--	---	-----	---	---------

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

RECEIVED NOV 1 7 1955
Jasper County Health Office
County File Number 5-11-772
Date Filed NOV 1 7 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 *Frank W. Kneel*

Licensed Embalmer No. *444*

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.