

FILED NOV 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37597

BIRTH NO. <u>141</u>		REG. DIST. NO. <u>245</u>		PRIMARY REG. DIST. NO. <u>5837</u>		Registrar's No. <u>113</u>	
1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>RURAL</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL</u>		d. STREET ADDRESS (If rural, give location) <u>NEOSHO R.F.D. #2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WEST BENTON TWP</u>				d. STREET ADDRESS (If rural, give location) <u>NEOSHO R.F.D. #2</u>			
3. NAME OF DECEASED a. (First) <u>CLYDE</u>			b. (Middle) <u>GILBERT</u>		c. (Last) <u>MITTS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 4, 1955</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>JULY 23 1925</u>		9. AGE (In years last birthday) <u>30</u>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>NEOSHO MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>C.O. MITTS</u>			13b. MOTHER'S MAIDEN NAME <u>VIRGINIA SANDERS</u>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>C.O. MITTS, Neosho Mo</u>			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CENTRAL RESP. DEPRESSION</u>						INTERVAL BETWEEN ONSET AND DEATH <u>6 HOURS</u>
	ANTECEDENT CAUSES DUE TO (b) <u>SHOCK</u>						6 HOURS
	DUE TO (c) <u>SURGICAL ANESTHESIA</u>						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>MONGOLISM - SEVERE 538X</u>						
19a. DATE OF OPERATION <u>4 NOV 55</u>		19b. MAJOR FINDINGS OF OPERATION <u>INADEQUATE AIRWAY SEVERE ORAL SEPSIS-MEGAGLOSSIA</u>				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 <u>4 Nov</u> , 19 <u>55</u> , to <u>4 Nov</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>4 Nov</u> , 19 <u>55</u> , and that death occurred at <u>3:50 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) of <u>R. D. Dyer M.D.</u>				23b. ADDRESS <u>Neosho Mo</u>		23c. DATE SIGNED <u>10 Nov 55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-8-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OAKWOOD</u>		24d. LOCATION (City, town, or county) (State) <u>NEWTON County Missouri</u>		
DATE REC'D BY LOCAL REG. <u>11-10-55</u>		REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Orley Thompson Sr.</u>		ADDRESS <u>Neosho Mo</u>	

(Licensed Embalmer'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
Student Embalmer

Signed.....

Licensed Embalmer No. 4861

P. O. Address Neosho, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.