

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40760

State File No. _____

FILED DEC 28 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5271

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 3 YEARS	c. CITY OR TOWN KANSAS CITY d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		e. STREET ADDRESS (If rural, give location) 1018 BROADWAY	

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) P. c. (Last) MITCHELL	4. DATE OF DEATH (Month) (Day) (Year) DECEMBER 4, 1955
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, ³ WIDOWED, DIVORCED DIVORCED (Specify)	8. DATE OF BIRTH JANUARY 18, 1888	9. AGE (In years last birthday) 67 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) COOK		10b. KIND OF BUSINESS OR INDUSTRY Restaurant	11. BIRTHPLACE (City and State or Foreign Country) GIRVNA, GREECE	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME PAUL MITCHELL	13b. MOTHER'S MAIDEN NAME ELIZABETH CALAMAS	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) YES (If yes, give war or dates of service) WWI	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME OFFICIAL VA HOSPITAL RECORDS	ADDRESS _____
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema		
	ANTECEDENT CAUSES DUE TO (b) Arteriosclerotic heart disease DUE TO (c) Coronary sclerosis		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Abscess of prostate and liver		4200

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA	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 NOVEMBER 27, 1955, to DECEMBER 4, 1955, that I/that/she/he/it/they deceased due to _____ and that death occurred at 7:40 A.m., from the causes and on the date stated above.

23a. SIGNATURE Guido Podrecca (Degree or title) 0	23b. ADDRESS VETERANS ADMINISTRATION HOSPITAL	23c. DATE SIGNED 12-4-55
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24a. BURIAL CREMATION (Specify) BURIAL	24b. DATE DEC. 6, 1955	24c. NAME OF CEMETERY OR CREMATORY MAPLE HILL CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY KANSAS
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DATE REC'D BY LOCAL REG. 12-5-55	REGISTRAR'S SIGNATURE Reva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE D.W. NEWCOMER'S SONS	ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.
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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.....*Chester K B Brown*

Licensed Embalmer No. *493*

P. O. Address.....*KE 14*

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.