FILED MAR 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9808

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 88

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1706 Wardlow St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Marion
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal, Mo. 0644
d. STREET ADDRESS (If rural, give location): 1706 Wardlow St

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle):
c. (Last): Mitchell

4. DATE OF DEATH (Month) (Day) (Year): 3 - 6 - 56

5. SEX: Male
6. COLOR OR RACE: Negro
7. MARRIED, ~~NEVER MARRIED, WIDOWED, DIVORCED~~ (Specify): 1
8. DATE OF BIRTH: Nov. 7 - 1881
9. AGE (In years last birthday): 74
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): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Pike County, Mo
12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: Preston Mitchell
13b. MOTHER'S MAIDEN NAME: Lucretia T
14. NAME OF HUSBAND OR WIFE: Nettie Mitchell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME ADDRESS:

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Pulmonary edema	3 days
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	hypertensive cardio vascular disease	6 months
DUE TO (c)	epistaxis, with secondary anemia	4 months
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 443x
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Mar. 3, 19 56, *to* Mar. 6, 19 56, *that I last saw the deceased alive on* Mar. 6, 19 56, *and that death occurred at* 3 a *m., from the causes and on the date stated above.*

23a. SIGNATURE: Jm Carrillo Mr (Degree or title): M. D.
23b. ADDRESS: 707 Bdwy, Hannibal, Mo.
23c. DATE SIGNED: 3-10-56

24a. BURIAL, ~~CREMATION, REMOVAL~~ (Specify):
24b. DATE: March 9-'56
24c. NAME OF CEMETERY OR CREMATORY: Robinson
24d. LOCATION (City, town, or county): Hannibal (State): Mo

DATE REC'D BY LOCAL REG.: 3/13/56
REGISTRAR'S SIGNATURE: Dr E M Lucke By A C Fisher
25. FUNERAL DIRECTOR'S SIGNATURE: Geo E Roberts
ADDRESS:

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAR 19 1956
MARION CO. HEALTH DEPT.
DATE FILED MAR 19 1956

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 EDWARD E. ROBINSON, Student Embalmer No. 524 working under my personal supervision.

Student Edward E Robinson
Student Embalmer

Signed Geo E Roberts
Licensed Embalmer No. 2113
P. O. Address 1218 Broada

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

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