

FILED MAY 8 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **12283**BIRTH NO. _____ REG. DIST. NO. **13** PRIMARY REG. DIST. NO. **4026** Registrar's No. **53**

| | | | |
|---|--|---|------------------------------|
| 1. PLACE OF DEATH a. COUNTY Barry | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barry | |
| b. CITY (If outside corporate limits, write RURAL and give township) Purdy | | c. LENGTH OF STAY (in this place) | c. CITY OR TOWN Purdy |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Home, Purdy | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| | | - STREET ADDRESS (If rural, give location) 0050 | |

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|--|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) M. c. (Last) Mitchell | | | 4. DATE OF DEATH (Month) (Day) (Year) April 25 - 1956 | | |
|--|--|--|--|--|--|

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|--------------------|-------------------------------|---|---|---|--|--|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH March 21 - 1865 | 9. AGE (In years last birthday) 91 | IF UNDER 1 YEAR Months 1 Days 3 | IF UNDER 24 HRS. Hours Min. |
|--------------------|-------------------------------|---|---|---|--|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocery - Retired | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Midwell, Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME James D. Mitchell | 13b. MOTHER'S MAIDEN NAME Mary Jackson | 14. NAME OF HUSBAND OR WIFE Martha (deceased) |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. no | 17. INFORMANT'S SIGNATURE OR NAME Mrs Ernest Land | ADDRESS Purdy Mo. |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma (Urinary bladder) | | 5 yrs |
| | 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. | | Prostatic Hypertrophy Gland | 70 yrs |

| | | |
|------------------------|--|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 181X | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute) | 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 **4-9, 1955** to **4-22, 1956** that I last saw the deceased alive on **4-18, 1956** and that death occurred at **2:30 pm**, from the causes and on the date stated above.

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|---|-------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) Paul E. Harris D.O. | 23b. ADDRESS Purdy Mo. | 23c. DATE SIGNED 4-25-56 |
|---|-------------------------------|---------------------------------|

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|---|----------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE April 25 - 1956 | 24c. NAME OF CEMETERY OR CREMATORY Sparks Cemetery | 24d. LOCATION (City, town, or county) (State) N.E. of Cassville Mo. |
|---|----------------------------------|---|--|

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| DATE REC'D BY LOCAL REG. 4-30-56 | REGISTRAR'S SIGNATURE Mrs P.N. Cook | 25. FUNERAL DIRECTOR'S SIGNATURE Bennett - Warrington Monett | ADDRESS no. |
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 556-78

DATE REC. 5-7-56

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 Gordon Bennett

Licensed Embalmer No. 42

P. O. Address Morett

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.