

FILED MAY 14 1956

STANDARD CERTIFICATE OF DEATH

14141 State File No. 128

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO. 5863 Registrar's No. 128

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

3. NAME OF DECEASED (Type or Print) Bryant Mitchell	a. (First) Bryant	b. (Middle)	c. (Last) Mitchell	4. DATE OF DEATH (Month) (Day) (Year) April 28, 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 August 11, 1874	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm owner	11. BIRTHPLACE (City and State or Foreign Country) Taylor County, Iowa	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME William H. Mitchell	13b. MOTHER'S MAIDEN NAME Mary Jane Hayes	14. NAME OF HUSBAND OR WIFE Mary Alice (Adams) Mitchell
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Gretchen Maxine King - Parnell, Mo.
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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, asthma, 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) Bronchial pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Virus infection		
	DUE TO (c)		
	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	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) 492x
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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?
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22. I hereby certify that I attended the deceased from **4-21**, 19**56**, to **4-28**, 19**56**, that I last saw the deceased alive on **4-27**, 19**56**, and that death occurred at **6:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. G. Gordon D.O.	23b. ADDRESS Maryville Mo	23c. DATE SIGNED 5-1-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 1, 1956	24c. NAME OF CEMETERY OR CREMATORY Sheridan Cemetery	24d. LOCATION (City, town, or county) (State) Sheridan, Missouri
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DATE REC'D BY LOCAL REG. 5-14-56	REGISTRAR'S SIGNATURE Clayde A. Benoit	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bill A. Dunfee - Grant City, Mo.
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(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.....
Signature of Student Embalmer

Signed *Bill A. Dunfee*

Licensed Embalmer No. *49*

P. O. Address *Grant Ci.*

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