

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22880**  
Registrar's No. **823**

BIRTH NO. _____		REG. DIST. NO. <b>42</b>	PRIMARY REG. DIST. NO. <b>1000</b>	Registrar's No. <b>823</b>	
1. PLACE OF DEATH a. COUNTY <b>Bushanan.</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri.</b> b. COUNTY <b>Putnam</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph.</b>		c. LENGTH OF STAY (in this place) <b>1yr 3m 17 days</b>	c. CITY OR TOWN <b>Unionville</b>	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 <b>State Hospital No. 2.</b>			e. STREET ADDRESS (If rural, give location) <b>0860</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>C.</b>		b. (Middle) <b>FINIS.</b>	c. (Last) <b>MITCHELL.</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>7-30-1956</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced.</b>	8. DATE OF BIRTH <b>7-7-1896.</b>	9. AGE (In years) Last birthday <b>60</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>9</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired coal miner.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Coal mining.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Putnam County - Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Luskness.</b>		13b. MOTHER'S MAIDEN NAME <b>Luskness</b>		14. NAME OF HUSBAND OR WIFE <b>Luskness</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Sheiff S. Beary - Unionville, Missouri</b>	
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) <b>arterio-sclerotic heart disease and hypertension</b> <b>cardio-vascular disease of great circulation.</b> ANTECEDENT CAUSES Morbidity 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. <b>Sleeping tablet addict.</b>			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) <b>4200</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <b>5-17-</b> , 19 <b>55</b> , to <b>7-29-</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>7-28-</b> , 19 <b>56</b> , and that death occurred at <b>8:15 A.</b> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>J. H. Monoway.</b>			23b. ADDRESS <b>M. D. State Hospital No. 2 St. Joseph Mo.</b>		23c. DATE SIGNED <b>7-30-1956.</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>7-30-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Unionville Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Unionville, Missouri</b>
DATE REC'D BY LOCAL REG. <b>Aug. 3, 1956</b>		REGISTRAR'S SIGNATURE <b>Eathan M. Allison</b>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Husted &amp; Son Funeral Home Unionville Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 Charles E. Bennett

Licensed Embalmer No. 4677

P. O. Address St. Joseph

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.