

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26145

State File No. _____
Registrar's No. 983

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 4053

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DeKalb (town)		c. CITY OR TOWN DeKalb	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) life		e. STREET ADDRESS (If rural, give location) 0 No 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION DeKalb Old Folks Home			
3. NAME OF DECEASED (Type or Print) a. (First) ROBERT		b. (Middle) H.	
c. (Last) MITCHELL		4. DATE OF DEATH (Month) (Day) (Year) Sept. 4, 1956	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH March 11, 1859
9. AGE (In years last birthday) 97		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. farmer		10b. KIND OF BUSINESS OR INDUSTRY farm	11. BIRTHPLACE (City and State or Foreign Country) DeKalb, Mo.
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME James Mitchell		13b. MOTHER'S MAIDEN NAME Sarah Bryant	
14. NAME OF HUSBAND OR WIFE Florence			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Florence George, Dearborn, Mo.		ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion ANTECEDENT CAUSES Arteriosclerotic Heart Disease <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
INTERVAL BETWEEN ONSET AND DEATH 6 hours		unknown	
unknown		unknown	
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)	
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?	
22. I hereby certify that I attended the deceased from Oct 10, 1953 , to Sept 4, 1956 , that I last saw the deceased alive on July 23, 1956 , and that death occurred at 8:30p. m. , from the causes and on the date stated above.			
23a. SIGNATURE <i>Sharon Waggoner</i> (Degree or title)		23b. ADDRESS 301 Illinois Ave St. Joseph, Missouri	23c. DATE SIGNED 9-6-56
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 9/6/1956	24c. NAME OF CEMETERY OR CREMATORY Davis Chapel Cemetery	24d. LOCATION (City, town, or county) (State) Buchanan County, Mo.
DATE REC'D BY LOCAL REG. Sept 13, 1956	REGISTRAR'S SIGNATURE <i>Kathleen M. Allison</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Heaton - Bourne St. Joseph, Mo.</i>	

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.....
William J. Gaudin

Licensed Embalmer No. *4505*

P. O. Address *345102*

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.