

FILED SEP 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **32909**

BIRTH NO. _____		REG. DIST. NO. 356 - PRIMARY REG. DIST. NO. 6209 Registrar's No. 35	
1. PLACE OF DEATH a. COUNTY TEXAS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Texas	
b. CITY (If outside corporate limits, write RURAL and give town) Rural Piney		c. CITY (If outside corporate limits, write RURAL and give township) Rural Morris	
c. LENGTH OF STAY (In this place) 1 yr		d. STREET ADDRESS (If rural, give location) 1070	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hart Rest Home			
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Andrew c. (Last) Mitchell		4. DATE OF DEATH (Month) (Day) (Year) Sept. 15, 1956	
5. SEX M	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 3 Divorced	8. DATE OF BIRTH Aug. 22, 1886
9. AGE (In years last birthday) 70	10. MONTHS 20	11. BIRTHPLACE (State or foreign country) Phelps County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	14. NAME OF HUSBAND OR WIFE May	
13a. FATHER'S NAME Julius Mitchell	13b. MOTHER'S MAIDEN NAME Angeline Reed	14. NAME OF HUSBAND OR WIFE May	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME May Mitchell - 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, asthma, etc. It means the disease, injury, or complication which caused death.	19. MAJOR FINDINGS OF OPERATION old age		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
18. CAUSE OF DEATH 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident ANTECEDENT CAUSES Severe + Extensive Morbid conditions; if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive arteriosclerosis Degenerative Heart Disease DUE TO (c) Grade IV		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility - Infirmitas	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 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 9/11 , 1956, to 9/15 , 1956, that I last saw the deceased alive on 9/15 , 1956, and that death occurred at 3:30 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) J. Durum, M.D.	23b. ADDRESS Houston, Mo.	23c. DATE SIGNED 9/17/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9-17-56	24c. NAME OF CEMETERY OR CREMATORY Emery	24d. LOCATION (City, town, or county) (State) Texas County, Missouri
DATE REC'D BY LOCAL REG. 9-18-56	REGISTRAR'S SIGNATURE Myrtle Craig	25. FUNERAL DIRECTOR'S SIGNATURE Elliott Funeral Home, Houston, Mo. ADDRESS	

(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
Student Embalmer

Signed Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address Houston, Tex.

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