

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33236**

FILED OCT 20 1956

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **5133** Registrar's No. **1114**

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

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 OR TOWN RURAL MARION TWP.		c. LENGTH OF STAY (in this place) 6 YRS.		c. CITY (If outside corporate limits, write RURAL and give township) RURAL MARION TWP. 0110		d. STREET ADDRESS (If rural, give location) 14 MI. S.E. ST. JOSEPH			
d. FULL NAME OF HOSPITAL OR INSTITUTION 14 MI. S.E. ST. JOSEPH				d. STREET ADDRESS (If rural, give location) 14 MI. S.E. ST. JOSEPH					
3. NAME OF DECEASED (Type or Print) a. (First) SUSAN			b. (Middle) FRANCES		c. (Last) MITCHELL		4. DATE OF DEATH (Month) (Day) (Year) OCT. 17 1956		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH Aug. 13, 1916		9. AGE (In years) (If under 1 year: last birthday) (Months) (Days) (If under 12 mos. Hours) (Min.) 40	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY IN THE HOME			11. BIRTH PLACE (City and State or Foreign Country) FORTESQUE, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME CHARLES RHODES			13b. MOTHER'S MAIDEN NAME Agnes Moser			14. NAME OF HUSBAND OR WIFE EVERETT MITCHELL			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. 490-28-2544		17. INFORMANT'S SIGNATURE OR NAME ADDRESS EVERETT MITCHELL - EASTON, Mo.				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of liver, ovary				INTERVAL BETWEEN ONSET AND DEATH 14 mos.	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Kidney					
				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"/>			
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) (Min.)			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 Jan. 1934 to Oct 17, 1956 , that I last saw the deceased alive on Oct 17, 1956 , and that death occurred at 5:15 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) E. J. Dwyer, M.D.				23b. ADDRESS Stewartsville, Mo.		23c. DATE SIGNED 10/17/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 10-20-56		24c. NAME OF CEMETERY OR CREMATORY Forest City Cem.		24d. LOCATION (City, town, or county) (State) Forest City Mo.			
DATE REC'D BY LOCAL REG. Oct 18, 1956		REGISTRAR'S SIGNATURE Bethan M. Allison			25. GENERAL DIRECTOR'S SIGNATURE ADDRESS James H. Crawford, Mound City, Mo.				

485

1951 MAY 22 1953

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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
Student Embalmer

Signed *James Crawford*
Licensed Embalmer No. 4796
P. O. Address Thousand City, Mo

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.