

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC-27 1956

STATE FILE NO. 44605

Registration District No. 374 Primary Registration District No. 6276 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY North County Missouri				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY North			
b. CITY (If outside corporate limits, give TOWNSHIP only) West Union Township Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> OR TOWN West Union Township				c. CITY Parnell Missouri Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> OR TOWN Parnell Missouri			
c. FULL NAME OF (If NOT in hospital, give location) Northeast of Parnell Length of stay in 1b 20 years HOSPITAL OR INSTITUTION Northeast of Parnell				d. STREET (If outside, give location) Northeast of Parnell Reside on Farm <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Walter Middle Mitchell Last Mitchell				4. DATE OF DEATH December-7-1956 Month December Day 7 Year 1956			
5. SEX male		6. COLOR OR RACE white		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH February-14-1880	
9. AGE (In years last birthday) 76		10. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Taylor County Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming				10b. KIND OF BUSINESS OR INDUSTRY Farming			
13. FATHER'S NAME W. H. Mitchell				14. MOTHER'S MAIDEN NAME Mary Jane Hayse			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none				16. SOCIAL SECURITY NO. 495-4226093		17. INFORMANT Verta Mitchell Parnell Missouri Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage with paralysis of muscles of throat DUE TO (b) Arteriosclerosis generalized DUE TO (c) 331X Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH 1yr 5yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour a. m. Month Day Year p. m.							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Grant City, Mo COUNTY Mo STATE Mo		
21. I attended the deceased from 1950 to Dec 7, 56 and last saw her Dec 6, 1956 alive on Dec 6, 1956 Death occurred at 6:30p m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Frank B. Matteson MD				22b. ADDRESS Grant City, Mo		22c. DATE SIGNED 12-10-56	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE Dec 10-1956		23c. NAME OF CEMETERY OR CREMATORY Sheridan Cemetery		23d. LOCATION (City, town, or county) Mo (State)	
24. FUNERAL DIRECTOR John Andrews ADDRESS Grant City, Mo		25. DATE RECD. BY LOCAL REG. 12-22-1956		26. REGISTRAR'S SIGNATURE Leta E. Dawson			

(Licensed Embalmer's Statement on Reverse Side)

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 John Andrew, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....John Andrew

Licensed Embalmer No. 42

P. O. Address Grant

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