

BIRTH NO. _____		REG. DIST. NO. <u>133</u>		PRIMARY REG. DIST. NO. <u>5483</u>		Registrar's No. <u>57</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Harrison</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (Bethany Twp)</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Harrison</u>	
c. LENGTH OF STAY (In this place) <u>80 yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Bethany Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>0410</u>		d. STREET ADDRESS (If rural, give location) <u>2 mil S.E. of Bethany</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at Home</u>				d. STREET ADDRESS (If rural, give location) <u>2 mil S.E. of Bethany</u>			
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year)		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	
8. DATE OF BIRTH <u>9-30-1876</u>		9. AGE (In years last birthday) <u>80</u>		10. MONTHS <u>5</u>		11. DAYS <u>8</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Harrison County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Robert M. Mitchell</u>		13b. MOTHER'S MAIDEN NAME <u>Esther T. Buck</u>		14. NAME OF HUSBAND OR WIFE <u>Joe Hall Mitchell</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Victor Mitchell Bethany Mo</u>			
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.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<u>Carcinoma Prostate</u>					
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.					
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 <u>2-25</u> , 19 <u>57</u> , to <u>3-8</u> , 19 <u>57</u> ; that I last saw the deceased alive on <u>3-8</u> , 19 <u>57</u> , and that death occurred at <u>6:20</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>William M. Thayer M.D.</u>		23b. ADDRESS <u>Bethany Mo</u>		23c. DATE SIGNED <u>3-9-57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>3-10-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Minion</u>		24d. LOCATION (City, town, or county) (State) <u>Bethany Mo</u>	
DATE REC'D BY LOCAL REG. <u>3-9-57</u>		REGISTRAR'S SIGNATURE <u>Zola Burris</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. H. ... Bethany Mo.</u>			

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 MS Lane

Licensed Embalmer No. 3899

P. O. Address Bethany 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.