

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

**14398**

STATE FILE NUMBER

**FILED APR 18 1957**

Registration District No. 316 Primary Registration District No. 6074 Registrar's No. 117

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>St. Francois</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Randolph Township</u>		c. CITY OR TOWN <u>0940 Randolph Township</u>		d. STREET ADDRESS (If outside, give location) <u>Elvins R.F.D. 1</u>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		5. SEX	
First <u>Mamie</u>		Middle <u>Bertha</u>		Last <u>Mitchell</u>		Month <u>April</u> Day <u>7</u> Year <u>1957</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>March 20, 1884</u>		9. AGE (In years last birthday) <u>73</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-----</u>		11. BIRTHPLACE (City and state or country) <u>Crawford County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>William Foster</u>				14. MOTHER'S MAIDEN NAME <u>Mary Jane Wright</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>E.L. Mitchell Elvins R.F.D. No. 1</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]							INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:							minutes
IMMEDIATE CAUSE (a) <u>Congestive Circulatory Failure</u>							
DUE TO (b) <u>Decompensated Heart Disease</u>							years
DUE TO (c) <u>Arteriosclerosis</u>							years
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"/>
							<u>4500</u> <u>2</u>
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 <u>a. m.</u> Month <u>p. m.</u> Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <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		COUNTY STATE	
21. I attended the deceased from <u>Feb. 22, 1957</u> to <u>April 7, 1957</u> and last saw <del>her</del> <u>per</u> alive on <u>April 5, 1957</u>							
Death occurred at <u>11:15 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>M. M. Beck</u> (Degree or title) <u>D. O.</u>				22b. ADDRESS <u>2 Leadwood, Missouri</u>		22c. DATE SIGNED <u>4-8-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>4/9/57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Adams Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Frankclay, Missouri</u>	
24. FUNERAL DIRECTOR <u>Bert L. Boyer</u> ADDRESS <u>Leadwood, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>April 8, 1957</u>		26. REGISTRAR'S SIGNATURE <u>Eather Rudloff</u>	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare & Public Service

300 1-56

All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. Doctor, coroner, etc. must use only standard nomenclature in item 18. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

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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 E. Boyer*

Licensed Embalmer No. *473*

P. O. Address *Leewood*

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.