

BIRTH NO. _____ REG. DIST. NO. **371** PRIMARY REG. DIST. NO. **6262** Registrar's No. **16**

1. PLACE OF DEATH a. COUNTY Webster		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Webster	
b. CITY OR TOWN Webster Rogersville, Rural R#3		c. CITY OR TOWN Rogersville	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) R#3 1120	

3. NAME OF DECEASED (Type or Print) a. (First) Bessie b. (Middle) Irene c. (Last) Mitchell			4. DATE OF DEATH (Month) (Day) (Year) April 17 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 10, 1899	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Webster Co, Missouri	
12. CITIZENRY OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME William Robb		13b. MOTHER'S MAIDEN NAME Simmerman		14. NAME OF HUSBAND OR WIFE Claude Mitchell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Claude Mitchell, Rogersville, Mo R3	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac arrhythmias - Ventricular fibrillation 5 min. (15 inch in length)		INTERVAL BETWEEN ONSET AND DEATH	
		DUPLICATE (b) Massive Thrombus (embolic) from Ext iliac. & Femoral vein to heart		5 to 10 min.	
		DUPLICATE (c) Propagating Phlebothrombosis		3 weeks	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. coronary arteriosclerosis, Fatty infiltration of myocardium		6 years	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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) 463X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 **24 March, 1957**, to **17 April, 1957**, that I last saw the deceased alive on **17 April, 1957**, and that death occurred at **11:50 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. M. Macdonnell MD		23b. ADDRESS Marshfield, Mo		23c. DATE SIGNED 19 April 57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 20, 1957		24c. NAME OF CEMETERY OR CREMATORY White Oak Cemetery	
24d. LOCATION (City, town, or county) (State) Rogersville, Rural, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. C. Jones Rogersville, Mo			
DATE REC'D BY LOCAL REG. MAY 1, 1957		REGISTRAR'S SIGNATURE Opal M. Good			

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

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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 *Wm K. Ferrell*

Licensed Embalmer No. *4910*.....

P. O. Address *Rogersville, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.