

HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 19 1957

20875

STATE FILE NUMBER

Registration District No. 140 Primary Registration District No. 3020 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <b>Howard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Howard</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Fayette</b>		c. CITY OR TOWN <b>Higbee</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Lee Hospital</b>		d. STREET ADDRESS <b>R.F.D. 2</b>	
Length of stay in 1b <b>2 days</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		0450	

3. NAME OF DECEASED (Type or print) <b>Alice Eunice Mitchell</b>			4. DATE OF DEATH <b>June 7, 1957</b>		
5. SEX <b>Female</b>			6. COLOR OR RACE <b>white</b>		
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>			8. DATE OF BIRTH <b>May 28, 1875</b>		
9. AGE (In years last birthday) <b>82</b>			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		
11. BIRTHPLACE (City and state or country) <b>Adams County, Iowa</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13. FATHER'S NAME <b>George Lackox</b>			14. MOTHER'S MAIDEN NAME <b>Unknown</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>			16. SOCIAL SECURITY NO. <b>none</b>		
17. INFORMANT <b>E.L. Pierce, Higbee, Missouri</b>			Address		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (g).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Essential hypertension</b>		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>331X</b>		

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 <b>Hour Month, Day, Year</b>			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 <b>June 5 11:57 a.m.</b> to <b>June 7 1957</b> and saw her <b>alive</b> on <b>June 7</b> Death occurred at <b>June 7 11:50 a.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Annis D. Quinn M.D.</b>		22b. ADDRESS <b>Higbee, Mo</b>		22c. DATE SIGNED <b>6-10-57</b>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>June 9, 1957</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Villisca Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Montgomery county, Iowa</b>	
24. FUNERAL DIRECTOR <b>Burton Funeral Home, Higbee, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>6/10/57</b>		26. REGISTRAR'S SIGNATURE <b>Mary K. Shell</b>	

(Licensed Embalmer's Statement on Reverse Side)

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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 *Ed J. Truesmouth*

Licensed Embalmer No. *397*

P. O. Address *Glasgow*

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.