

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31530
STATE FILE NUMBER
Registration District No. 128 Primary Registration District No. 5463 Registrar's No. 951

FILED OCT 7 1957

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-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Removal-Burial

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Laclede	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural 2nd Jackson Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Lebanon Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Near Strafford		Length of stay in lb Enroute	
3. NAME OF DECEASED (Type or print) First HARRY Middle J. Last MITCHELL		4. DATE OF DEATH Month October Day 2 Year 1957	
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 29 July 1923
9. AGE (In years birthday) 34		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tile Setter	11. BIRTHPLACE (City and state or country) Iowa
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Unknown	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Wanda Mitchell	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWII		16. SOCIAL SECURITY NO. 448-01-3728	
17. INFORMANT Wanda Mitchell		Address Lebanon, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SKULL FRACTURE & INTERNAL INJURIES/MS?			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) SEE 20B DUE TO (c) _____			
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 checked="" 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.) Two CAR ACCIDENT ON U.S. HWY "66" ABOUT ONE MILE EAST OF STRAFFORD, MO.		
20c. TIME OF INJURY Hour 8:00 a.m. Month, Day, Year 10-2-57	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) U.S. Highway #66		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION Near Strafford	COUNTY Greene	STATE Missouri
21. I attended the deceased from _____ to _____ and last saw ^{her} _{him} alive on _____ Death occurred at 8:00 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Walter H. Truim (Degree or title) Coroner		22b. ADDRESS Springfield, Mo.	22c. DATE SIGNED 3/10/1957
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 10-3-57	23c. NAME OF CEMETERY OR CREMATORY LOCAL	23d. LOCATION (City, town, or county) (State) Oklahoma City, Oklahoma
24. FUNERAL DIRECTOR J.W. Klingner & Co.		25. DATE RECD. BY LOCAL REG. 10-3-57	26. REGISTRAR'S SIGNATURE Edith Williamson

Location: Lebanon, Mo. Name: HARRY WHITE
 Date: October 8, 1957 Sex: M
 Cause of Death: Unknown
 Burial: Near Stratford, Mo.
 Embalmer: Wanda Mitchell License No.: 448-01-3888
 Address: 4834 W. 13th St., Leavenworth, Mo.
 State: MO. City: Leavenworth, Mo.

OCT 9 1957
 OCT 14 1957

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) _____

Signed: *Wanda Mitchell*

 Licensed Embalmer No. 407
 P. O. Address: _____

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.