

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4214

State File No.

FILED JAN 31 1958

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada		c. CITY OR TOWN Nevada	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 30 yrs		e. STREET ADDRESS (If rural, give location) 803 North Colorado Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 803 N-Colorado Street			

3. NAME OF DECEASED (Type or Print) Thomas Mitchell	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH Jan. 25, 1958
				(Month) (Day) (Year)

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 12, 1890	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 3	IF UNDER 12 HRS. Days 11	IF UNDER 1 MIN. Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Employee		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and State or Foreign Country) Vernon County Missouri		12. COUNTRY OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Charles Mitchell	13b. MOTHER'S MAIDEN NAME Margaret Arnold	14. NAME OF HUSBAND OR WIFE Mrs. Lena Mitchell
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 702-18-2125	17. INFORMANT'S SIGNATURE AND ADDRESS Mrs. Lena Mitchell, 803 N-Colo. Mo.
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis with Decompensating at times.		INTERVAL BETWEEN ONSET AND DEATH Over 14 mo to my knowledge.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) <input checked="" type="checkbox"/> DUE TO (c) <input checked="" type="checkbox"/>		
II. OTHER SIGNIFICANT CONDITIONS None.			

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE None (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Nevada Vernon Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) None	21e. INJURY OCCURRED WHILE <input checked="" type="checkbox"/> AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? None.

22. I hereby certify that I attended the deceased from 11-14, 1956, to 1-25, 1958, that I last saw the deceased alive on 1-25, 1958, and that death occurred at 7:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. Love MD	23b. ADDRESS Nevada, Mo.	23c. DATE SIGNED 1-27-58.
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 28, 1958	24c. NAME OF CEMETERY OR CREMATORY Newton Burial Park	24d. LOCATION (City, town, or county) (State) Nevada Vernon Missouri
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DATE REC'D BY LOCAL REG. 1-29-58	REGISTRAR'S SIGNATURE Anna G. Ferry	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Hays Funeral Service, Inc.
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(Licensed Embalmer's Statement on Reverse Side) Nevada, Missouri

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

4510

FEB 6 1958
JAN 31 1958

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 Richard L. Griffin, Student Embalmer No. 730 working under my personal supervision.

Student

Richard L. Griffin
Signature of Student Embalmer

Signed

Allen V. Hays

Licensed Embalmer No. 1968

P. O. Address Nevada, N.

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.