

FILED FEB 24 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006426
STATE FILE NUMBER

Registration District No. 207 Primary Registration District No. _____ Registrar's No. 4

300
1-57

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|---|-------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Maries</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Ohio</u> b. COUNTY _____ | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWNSHIP <u>Wetterson Township</u> | | c. CITY OR TOWN <u>Bedford</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>At home of daughter</u> | | d. STREET ADDRESS (If outside, give location) <u>8-Mos</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>May</u> Middle _____ Last <u>Mitchell</u> | | 4. DATE OF DEATH Month <u>Feb</u> Day <u>-17-</u> Year <u>1958</u> | |
| 5. SEX <u>Female</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>June-26-1890</u> |
| 9. AGE (In years last birthday) <u>67</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u> | |
| 11. BIRTHPLACE (City and state or country) <u>Sandusky - Ohio</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | |
| 13a. FATHER'S NAME <u>George Stroh</u> | | 13b. MOTHER'S MAIDEN NAME <u>Carrie Burger</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Ray Mitchell</u> | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <u>no</u> | |
| 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT <u>Miss Florence Gibbons - Belle-Mo</u> Address _____ | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CARDIAC ARREST</u> DUE TO (b) <u>CARDIAC ANOXIA</u> DUE TO (c) <u>CORONARY HEART DISEASE</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetic</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>9 min</u> <u>3 YEARS</u> |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 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 _____ Month _____ Day _____ Year _____ o.m. _____ p.m. _____ | | | |
| 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 | | 20g. COUNTY STATE | |
| 21. I attended the deceased from <u>10-17-58</u> to <u>10-17-58</u> and last saw her alive on _____ Death occurred at <u>10:30 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>Wes Lee</u> (Degree or title) <u>2</u> | | 22b. ADDRESS <u>Bland - Mo</u> | |
| 22c. DATE SIGNED <u>10-19-58</u> | | 23. NAME OF CEMETERY OR CREMATORY <u>Stags Chapel Cemetery</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>2-21-58</u> | |
| 23c. LOCATION (City, town, or county) (State) <u>Maries County - Mo.</u> | | 24. GENERAL DIRECTOR <u>Dr. J. J. Tuncat</u> ADDRESS <u>Chas. J. Tuncat - Belle-Mo</u> | |
| 25. DATE RECD. BY LOCAL REG. <u>2-21-58</u> | | 26. REGISTRAR'S SIGNATURE <u>A. Maybelle White</u> | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, Coroner, etc., must use only standard nomenclature in item 18. All diseases in Part I must be causally related.

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 *Chuter Sasser*

Licensed Embalmer No. *4128*
P. O. Address *Blond-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.