

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006451

STATE FILE NUMBER

FILED FEB 19 1958

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>Marion</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Hannibal</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Elizabeth</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>2009 Gordon</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>JAMES PRESTON MITCHELL</u>			4. DATE OF DEATH Month <u>2</u> Day <u>2</u> Year <u>'58</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	8. DATE OF BIRTH <u>May 11 - 1907</u>		9. AGE (In years last birthday) <u>50</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Louisiana, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>William Mitchell</u>		13b. MOTHER'S MAIDEN NAME <u>Nettie Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Mae Emma Mitchell</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>490-07-9783</u>	17. INFORMANT Address <u>Mae Emma Mitchell, 2009 Gordon St</u>		
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>Bronchiogenic Carcinoma</u>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b)					
DUE TO (c) <u>Bronchiogenic Carcinoma</u>					<u>8 months</u>
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 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 a.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 COUNTY STATE	
21. I attended the deceased from <u>Feb 1957</u> to <u>Feb 2, 1958</u> and last saw him alive on <u>Feb. 1, 1958</u> Death occurred at <u>7:05 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Cornelius Cwellb, M.D.</u>			22b. ADDRESS <u>2101 Spma - Hannibal Mo</u>		22c. DATE SIGNED <u>2-11-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Feb. 5 - 1958</u>		23b. DATE <u>Feb. 5 - 1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Robinson</u>	
23d. LOCATION (City, town, or county) <u>Hannibal, Mo</u>		(State)			
24. FUNERAL DIRECTOR <u>W. E. Roberts</u>		ADDRESS <u>Hannibal, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>2-12-58</u>	
26. REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke by W. E. Fisher</u>					

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

RECEIVED FEB 19 1958
MARION CO. HEALTH DEPT.
DATE FILED FEB 19 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, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed Geo. E. Roberts

Licensed Embalmer No. 2113
P. O. Address Hannibal

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.