

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-010091

STATE FILE NUMBER

FILED MAR 31 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1293

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>		Length of stay in 1b <b>Since 1925</b>		STREET ADDRESS <b>4326 Holly Street</b>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>J.</b> Middle <b>Dixon</b> Last <b>Mitchell, Sr.</b>			4. DATE OF DEATH Month <b>March</b> Day <b>10,</b> Year <b>1958</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>October 11, 1893</b>	9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Supt. of Coca Cola Bottling Company</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Floyd, Texas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>G. P. Mitchell</b>			13b. MOTHER'S MAIDEN NAME <b>Mollie Hedick</b>			14. NAME OF HUSBAND OR WIFE <b>Lela S. Mitchell</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>487-03-7973</b>		17. INFORMANT Address <b>Mrs. Lela S. Mitchell, 4326 Holly, K. C. Mo.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Posterior Myocardial Infarct.</b>					INTERVAL BETWEEN ONSET AND DEATH <b>None</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>General &amp; Coronary Arterio Sclerosis</b>					<b>Chronic</b>		
DUE TO (c) <b>Diabetes Mellitus</b>					<b>Chronic</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>16A</b>					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 <b>3-10-58</b> a.m. <b>10</b> 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 <b>Longview, Texas</b>		COUNTY <b>Mo.</b> STATE <b>Texas</b>	
21. I attended the deceased from <b>1950</b> to <b>3-10-1958</b> and last saw him alive on <b>3-10-58</b> Death occurred at <b>St. Mary's Hospital, Kansas City, Mo.</b> on the date stated above; and to the best of my knowledge, from the causes stated.				22a. SIGNATURE <b>W. A. Myers, M.D.</b> (Degree or title)		22b. ADDRESS <b>1115 Grand Avenue</b>	
22c. DATE SIGNED <b>3-11-58</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>March 11, 1958</b>		23c. NAME OF CEMETERY OR CREMATORY	
23d. LOCATION (City, town, or county) (State) <b>Longview, Texas</b>		24. FUNERAL DIRECTOR <b>D. W. NEWCOMER'S SONS, 1331 Brush Creek</b>		25. DATE RECD. BY LOCAL REG. <b>3-11-58</b>		26. REGISTRAR'S SIGNATURE <b>neva minshall</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

W. A. Myers

MEDICAL CERTIFICATION

Wilson Alex Myers, M.D.  
815 Shukert Bldg.



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 *Edward M. Stone* .....

Licensed Embalmer No. *4452* .....

P. O. Address *K. C. 101* .....

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.