

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

58-026324
 State File No.

FILED JUL 17 1958

BIRTH NO.		REG. DIST. NO. 226	PRIMARY REG. DIST. NO. 5799	Registrar's No. 36
1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE MISSOURI b. COUNTY MONROE		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-MARION TWP.		c. LENGTH OF STAY (In this place) 4 YRS.	c. CITY OR TOWN PARIS	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION RT 1 - HOLLIDAY		e. STREET ADDRESS (If rural, give location) 306 W. CALDWELL ST.		
3. NAME OF DECEASED (Type or Print) a. (First) LILLIE		b. (Middle) MAUD	c. (Last) MITCHELL	4. DATE OF DEATH (Month) (Day) (Year) JULY 11, 1958
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH DEC 9, 1876	9. AGE (In years last birthday) 81 If UNDER 1 YEAR: Months _____ Days _____ If UNDER 4 HRS.: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (City and State or Foreign Country) ANDRAIR Co., Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME ROBT. A. ALEXANDER		13b. MOTHER'S MAIDEN NAME AMANDA JANE PIERCE	14. NAME OF HUSBAND OR WIFE EDWARD C. MITCHELL	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME LEE MITCHELL, HOLLIDAY, MO.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES MORIBUND CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) left. Hemiplegia DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 5 min 34 days N.K.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4201	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I, hereby certify that I attended the deceased from 3-20-1957 , to 7-11 , 1958, that I last saw the deceased alive on 7-11 , 1958, and that death occurred at 9:15 P.M. , from the causes and on the date stated above.				
23a. SIGNATURE J. G. Barnett (Degree or title) M.D.		23b. ADDRESS PARIS, MO.		23c. DATE SIGNED 7-12-58
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 7-13-58	24c. NAME OF CEMETERY OR CREMATORY SUNSET HILL	24d. LOCATION (City, town, or county) (State) MADISON, MO.	
DATE REC'D BY LOCAL REG. 7-12-58		REGISTRAR'S SIGNATURE Loisie Robertson	25. FUNERAL DIRECTOR'S SIGNATURE Speed Blakey ADDRESS PARIS, MISSOURI	

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 31 1964

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..... *A. G. Blakey*

Licensed Embalmer No. 2619

P. O. Address PARIS, MISSOURI

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.