Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-045143
STATE FILE NUMBER

FILED DEC 30 1958

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 239

1. PLACE OF DEATH
a. COUNTY Phelps
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Rolla — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Phelps County Mem. Hospital — Length of stay in 1b 2 hours

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Phelps
c. CITY OR TOWN Rural-Dillon twsp. 0810 — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) 3 mi. E. Highway 72 — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First JOHN Middle DAVID Last MITCHELL

4. DATE OF DEATH Month Day Year Dec. 22, 1958

5. SEX Male
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Nov. 6, 1953
9. AGE (In years last birthday) 5 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (City and state or country) Lansing, Michigan
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Ralph A. Mitchell
13b. MOTHER'S MAIDEN NAME Irmgard Gertz
14. NAME OF HUSBAND OR WIFE

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. None
17. INFORMANT Address R. A. Mitchell Rt. 1 Rolla, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Multiple Head injury - Fractures facial bones - Cerebral Concussion — INTERVAL BETWEEN ONSET AND DEATH 3 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) Trauma 9100
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 22

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 200 lbs portion of machine fell on child. Following was in auto accident 091
20c. TIME OF INJURY Hour a.m. p.m. 7:30 Month, Day, Year 12/22/58
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Yard at home
20f. CITY, TOWN, OR LOCATION COUNTY Phelps STATE Mo.

21. I attended the deceased from 12/22/58, to 12/22/58 and last saw him alive on 12/22/58
Death occurred at 11:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James D. Butts MD
22b. ADDRESS Rolla, Mo.
22c. DATE SIGNED 12/23/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Dec. 24, 1958
23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Gardens
23d. LOCATION (City, town, or county) (State) Rolla, Missouri

24. FUNERAL DIRECTOR ADDRESS Null & Sons Funeral Home By Paul E. Null Rolla
25. DATE RECD. BY LOCAL REG. Dec. 23, 1958
26. REGISTRAR'S SIGNATURE Nadine L. Stoll

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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Date Filed Dec. 29, 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 Paul E. Null

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.