

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001441

STATE FILE NUMBER

282

JAN 28 1959

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

300

-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cresthaven Conv. Home		Length of stay in 1b 46 years	d. STREET ADDRESS (If outside, give location) 5420 Baltimore Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MAUDE Middle MITCHELL Last MITCHELL			4. DATE OF DEATH Month January Day 14 Year 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 26, 1873
9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Kansas
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Jesse T. Nichols	
13b. MOTHER'S MAIDEN NAME Joanna Jackson		14. NAME OF HUSBAND OR WIFE William A. 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. None	17. INFORMANT Address Andel N. Mitchell - 5420 Baltimore
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease			INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized Arteriosclerosis Paralysis Agitans			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 _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <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 Sept 15, 1955 to Jan 14, 1959 and last saw her alive on Jan 14, 1959 Death occurred _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Harold W. Voth M.D. (Degree or title)		22b. ADDRESS 201 Plaza Med Bldg. 315 N. Nichols Rd. Olathe, Mo.	22c. DATE SIGNED Jan 15, 59 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Jan. 16, 1959	23c. NAME OF CEMETERY OR CREMATORY Olathe Cemetery	23d. LOCATION (City, town, or county) (State) Olathe, Kansas
24. FUNERAL DIRECTOR Stine & McClure Und. Co., K.C., Missouri		25. DATE RECD. BY LOCAL REG. 1-15-59	26. REGISTRAR'S SIGNATURE Andel N. Mitchell

All diseases in Part I must be causally related.

Harold W. Voth

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 Elmer D. Triplett

Licensed Embalmer No. 4817

P. O. Address Kansas City, 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.