

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001804
STATE FILE NUMBER

FILED JAN 16 1959 Registration District No. 163 Primary Registration District No. 3031 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>JEFF.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>JEFF.</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>De Soto</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>De Soto</u> <u>05020</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>910 BLOW</u>		d. STREET ADDRESS (If outside, give location) <u>910 BLOW</u>	
Length of stay in lb <u>30 YRS</u>		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>EDITH</u> Middle <u>-</u> Last <u>MITCHELL</u>			4. DATE OF DEATH Month <u>JAN.</u> Day <u>6</u> Year <u>1959</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>3 COLORED</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>FEB. 14 1889</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and state or country) <u>MT. PLEASANT TEX.</u>		
13. FATHER'S NAME <u>WAVERLY HAINES</u>			14. MOTHER'S MAIDEN NAME <u>ELLA KIRBY</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>499-05-6910-D</u>		17. INFORMANT Address <u>EULA JILES POPLAR BLUFF Mo.</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>cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Hypertensive Cardio-vascular disease</u>		<u>yes.</u>
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>443X</u>		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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 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>June 29, 1955</u> to <u>Jan 6, 1959</u> and last saw her alive on <u>Jan 3, 59</u> Death occurred at <u>602 A</u> m on the day stated above; and to the best of my knowledge, I am the causes stated.				
22a. SIGNATURE (Degree or title) <u>Donald W. Hoffmeyer M.D.</u>		22b. ADDRESS <u>De Soto, Mo.</u>	22c. DATE SIGNED <u>Jan 8, 1959</u>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>JAN 9 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>CITY CEM.</u>	23d. LOCATION (City, town, or county) (State) <u>De Soto Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>D. B. DIETRICH De Soto Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>1-10-1959</u>	26. REGISTRAR'S SIGNATURE <u>Marie Harris</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

DISEASES IN PART I MUST BE CASUALLY RELATED. Coroner cannot certify to a death due to natural causes.

DATE RECEIVED
JAN 1 4 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Donald B. Deibel

Licensed Embalmer No...4

P. O. Address...*Deibel*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.