THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002430
STATE FILE NUMBER

FILED FEB 11 1959 Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY: PIKE
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): LOUISIANA — Inside Limits: Yes ✓ No
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): PIKE Co. HOSP — Length of stay in 1b: 30 YEARS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: PIKE
c. CITY OR TOWN: LOUISIANA — Inside Limits: Yes ✓ No
d. STREET ADDRESS (If outside, give location): 1305 MURRAY — Reside on Farm: Yes No ✓

3. NAME OF DECEASED (Type or print): First: CHARLES Middle: LEE Last: MITCHELL

4. DATE OF DEATH: Month: JAN Day: 29 Year: 1959

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED ✓ NEVER MARRIED WIDOWED DIVORCED
8. DATE OF BIRTH: SEPT 17, 1876
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: AGRICULTURE
11. BIRTHPLACE (City and state or country): WOODVILLE, ILL.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME:
13b. MOTHER'S MAIDEN NAME:
14. NAME OF HUSBAND OR WIFE: GEORGIA MITCHELL

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 498-12-8247
17. INFORMANT: Mrs. Georgia Mitchell Address: Louisiana, 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): Acute coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): generalized atherosclerosis — yrs.
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes Mellitus Cong. Heart Fail 4/20 1
19. WAS AUTOPSY PERFORMED? YES NO ✓

20a. ACCIDENT SUICIDE HOMICIDE
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
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 8/10/53 to 1/29/59 and last saw ~~her~~ him alive on 1/29/59
Death occurred at 11:35 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John W. Middleton M.D.
22b. ADDRESS: Louisiana Mo
22c. DATE SIGNED: 1/30/59

23a. BURIAL, CREMATION, REMOVAL: Burial
23b. DATE: FEB 1, 1959
23c. NAME OF CEMETERY OR CREMATORY: RIVERVIEW CEM.
23d. LOCATION (City, town, or county) (State): LOUISIANA, MO.

24. FUNERAL DIRECTOR: GEO. M. COLLIER ADDRESS: LOUISIANA, MO.
25. DATE RECD. BY LOCAL REG.: Feb 4 1959
REGISTRAR'S SIGNATURE: Bernice Collier

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 .....

Licensed Embalmer No.....

P. O. Address.....

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.