

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012481

STATE FILE NUMBER

FILED APR 27 1959

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 185

300
1-57

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Taylorville 8 12 0 8
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Lucy Lee Hosp.		Length of stay in 1b Transient	d. STREET ADDRESS 524 N. Silver (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First James Middle William Last Mitchelson			4. DATE OF DEATH Month 4 Day 12 Year 1959		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 10, 1908	9. AGE (In years last birthday) 58	FUNDER 1 YEAR Months Days	IF UNDER 24-HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired coal miner	10b. KIND OF BUSINESS OR INDUSTRY mining	11. BIRTHPLACE (City and state or country) Taylorville, Illinois	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Joshiah Mitchelson	13b. MOTHER'S MAIDEN NAME Elsie Tuck	14. NAME OF HUSBAND OR WIFE Ruth Mitchelson
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW I	16. SOCIAL SECURITY NO. 344-07-8405	17. INFORMANT Address Ruth Mitchelson, Taylorville, Ill.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema		INTERVAL BETWEEN ONSET AND DEATH 1h 1h
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Coronary infarction	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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.)
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20c. TIME OF INJURY Hour Month, Day, Year 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
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21. I attended the deceased from 4-12-59 to 4-12-59 and last saw her/him alive on 4-12-1959 Death occurred at 4-12-59 m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE G. R. Long (Degree or title) 6	22b. ADDRESS W. D. Poplar Bluff, Missouri	22c. DATE SIGNED 4-13-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 4-13-59	23c. NAME OF CEMETERY OR CREMATORY Taylorville, Illinois	23d. LOCATION (City, town, or county) (State) Taylorville, Illinois
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24. FUNERAL DIRECTOR Connolly Funeral Home ADDRESS Taylorville, Illinois	25. DATE RECD. BY LOCAL REG. 4/18/59	26. REGISTRAR'S SIGNATURE R. Muehle
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

APR 28 1959

FILE NO.

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 *Wallace N. Firth*

Licensed Embalmer No. *3859*
P. O. Address *Baylar Bluff*

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.