

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-013081

STATE FILE NUMBER

FILED APR 27 1959 Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 101

300  
1-57 4

1. PLACE OF DEATH a. COUNTY <i>Henry</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Henry</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Clinton</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Clinton</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Moore Rest Home</i>		Length of stay in 1b <i>17 yrs</i>	d. STREET ADDRESS (If outside, give location) <i>901 N. 2nd St.</i>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>JAMES</i> Middle <i>MITCHELL</i> Last <i>MITCHELL</i>			4. DATE OF DEATH Month <i>April</i> Day <i>20</i> Year <i>1959</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>November 23/1879</i>		9. AGE (In years last birthday) <i>79</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>plumber</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>
13a. FATHER'S NAME <i>Issac W. Mitchell</i>		13b. MOTHER'S MAIDEN NAME <i>Elizabeth Humm</i>		14. NAME OF HUSBAND OR WIFE <i>none</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>unknown</i>	17. INFORMANT <i>Moore Rest Home</i> Address <i>Clinton, Mo</i>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Chronic Myocarditis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 1/2 years</i>
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) <i>none</i>		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 *June, 59* to *April 20-59* and last saw her alive on *April 7-1859*  
Death occurred at *5:00 A.M.* on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>S. B. Hughes, M.D.</i>	22b. ADDRESS <i>Clinton, Mo.</i>	22c. DATE SIGNED <i>4-20-59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	23b. DATE <i>4-23-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Laurel Oak</i>	23d. LOCATION (City, town, or county) (State) <i>Windsor Mo.</i>
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24. FUNERAL DIRECTOR <i>Houston Funeral Home</i> ADDRESS <i>Windsor, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>4-20-59</i>	26. REGISTRAR'S SIGNATURE <i>Mildred Biggers</i>
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All diseases in Part I must be causally related.

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 *Ellis M. Houston* .....

Licensed Embalmer No. *3391* .....  
P. O. Address *Windsor, 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.