

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-020784

STATE FILE NUMBER

FILED JUN 29 1959

Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 84

S. 300  
v. 1-57

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.

MEDICAL CERTIFICATION  
ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Boonville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Pilot Grove</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Ann's Nursing Home</u>		Length of stay in lb <u>2 yrs</u>	d. STREET ADDRESS (If outside, give location) <u>6270</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>VIRA-ANN-MITZEL</u>		4. DATE OF DEATH Month Day Year <u>June 15, 1959</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</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>May 4, 1872</u>
9. AGE (In years, months, days, hours, minutes) <u>87</u>		9. AGE (In years, months, days, hours, minutes) IF UNDER 1 YEAR: Months <u>-</u> Days <u>-</u> Hours <u>-</u> Min. <u>-</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>	11. BIRTH PLACE (City and state or country) <u>Howard Co, Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>Henry A. Briggs</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Blanton</u>		14. NAME OF HUSBAND OR WIFE <u>Charles Mitzel</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unknown) (If yes, give war and dates of service)		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT <u>Harold Mitzel</u>		Address <u>Kansas City, 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>arteriosclerotic myocarditis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertension</u>			<u>unknown</u>
DUE TO (c) <u>Chronic nephritis</u>			<u>unknown</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (not related to the terminal disease condition given in PART I (a)) <u>Bronchitis</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>—</u>		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <u>—</u>			
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 <u>Jan 1 - 57</u> to <u>June 15 - 59</u> and last saw her alive on <u>June 15 - 59</u> Death occurred at <u>2227</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>L. Chamberlain MD</u>		22b. ADDRESS <u>Boonville Mo</u>	22c. DATE SIGNED <u>6-17-59</u>
23a. BURIAL, CREMATION, OR REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>June 17, 59</u>	<u>Pilot Grove Ceme</u>	<u>Pilot Grove, Mo</u>
24. FUNERAL DIRECTOR <u>Way Hunter, Pilot Grove, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>6/22/59</u>	26. REGISTRAR'S SIGNATURE <u>D. Hooper</u>

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 *Robert L. Painter* .....

Licensed Embalmer No. *4069* .....  
P. O. Address *Pilot Grove,* .....

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.