

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS AUG 17 1959

59-028489

Registration District No. 75 Primary Registration District No. 3015 Registrar's No. 64

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Caldwell</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cameron</u>		Length of stay in 1b		c. CITY OR TOWN <u>Polo</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>Cameron Hospital</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Leona</u> Middle <u>Mitchell</u> Last <u>Mitchell</u>				4. DATE OF DEATH Month <u>July</u> Day <u>11</u> Year <u>1959</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>wh</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>9-14-1882</u>		9. AGE (last birthday) <u>76</u> IF UNDER 1 YEAR IF UNDER 24 HR Months <u>9</u> Days <u>27</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>Beauty Parlor</u>		11. BIRTHPLACE (City and state or country) <u>Macon Mo</u>		12. CITIZEN OF WHAT COUNTRY		
13a. FATHER'S NAME <u>Greenberg Summus</u>			13b. MOTHER'S MAIDEN NAME <u>Bethany Burke</u>			14. NAME OF HUSBAND OR WIFE <u>J. T. Mitchell (Dec)</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>484-30474</u>		17. INFORMANT <u>Mrs Cliff Ravelo Polo Mo</u> Address					
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>Coronary Thrombosis</u> DUE TO (b) <u>Coronary Disease</u> DUE TO (c) <u>Arteriosclerosis + Hypertension</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hours</u> <u>2 yrs</u>		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				20a. ACCIDENT - SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>				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>Jan 56</u> to <u>7/11/59</u> and last saw her <u>alive</u> on <u>7/11/59</u> Death occurred at <u>9 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>Cliff Ravelo</u> (Degree or title)				22b. ADDRESS <u>Hamilton, Mo</u>		22c. DATE SIGNED <u>7/8/59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>7-13-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cowgill</u>		23d. LOCATION (City, town, or county) <u>Cowgill Caldwell Mo</u>				
24. FUNERAL DIRECTOR <u>Alsbaugh & Cowley Polo Mo</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>Aug-9-59</u>		26. REGISTRAR'S SIGNATURE <u>Francis D Crawford</u>			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed

Erwin L. Howelch

Licensed Embalmer No.

4924

P. O. Address

Polo, Mo

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