

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028642

FILED 15 AUG 31 1959

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 182

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Franklin</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Franklin</b>						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Washington</b>		Length of stay in lb <b>1 hr.</b>		c. CITY OR TOWN <b>St. Clair</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Francis</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Highway K</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <b>Elmer</b> Middle <b>Ray Eugene</b> Last <b>Mitchell</b>				4. DATE OF DEATH Month <b>August</b> Day <b>25</b> Year <b>1959</b>						
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>8-4-09</b>		9. AGE (last birthday) <b>50</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Painting</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>11</b>		
13a. FATHER'S NAME <b>George Mitchell</b>			13b. MOTHER'S MAIDEN NAME <b>Della Asher</b>			14. NAME OF HUSBAND OR WIFE <b>Eugenia Mitchell</b>			IF UNDER 24 HR Hours <b>11</b> Min. <b>0</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>			16. SOCIAL SECURITY NO. <b>unknown</b>		17. INFORMANT <b>Mass Mitchell RR #1 St. Clair Mo.</b>			Address		
18. CAUSE OF DEATH (Enter only one cause per (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>SNAKE BITE PROBABLE Cottonmouth 10 HRS</b>								INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>UNKNOWN REACTION</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)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) <b>FISHING &amp; WAS BIT IN WATER</b>						
20c. TIME OF INJURY Hour <b>036</b> a.m. p.m.		Month, Day, Year		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 <b>3pm 8-25-59</b> to <b>Death</b> and last saw her/him alive on _____ Death occurred at <b>10 pm</b> on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE <b>John Paul m</b> (Degree or title)				22b. ADDRESS <b>St Clair, Mo.</b>				22c. DATE SIGNED <b>8/27/59</b> (State)		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Aug. 28, 1959</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>		23d. LOCATION (City, town, or county) <b>St. Louis County, Mo</b>				
24. FUNERAL DIRECTOR <b>Shemond Kitchell, St. Clair Mo.</b> ADDRESS				25. DATE RECD. BY LOCAL REG. <b>8-27-59</b>		26. REGISTRAR'S SIGNATURE <b>J.P. [Signature]</b>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS SEP 28 1959

**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

*Sheldon W. Kitchell*

Licensed Embalmer No. 3873

P. O. Address H. Clair

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.

SEP 28 1959