

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035869

FILED VS OCT 26 1959

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1111

ENDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Green</u>		b. CITY (If outside corporate limits give TOWNSHIP only) OR TOWN <u>Springfield Mo</u>		a. STATE <u>Mo</u>		b. COUNTY <u>Stone</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Johns Hosp</u>		Length of stay in lb <u>2 days</u>		c. CITY OR TOWN <u>Galena Mo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
First <u>Lela</u>		Middle <u>May</u>		Last <u>Mitchell</u>		Month <u>Oct</u> Day <u>17</u> Year <u>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>Jan 15 1912</u>	9. AGE (last birthday) <u>47</u>	IF UNDER 1 YEAR		IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life. If retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY		
<u>Telephone Operator</u>		<u>House wife</u>		<u>Mo.</u>	<u>U. S</u>		
13a. FATHER'S NAME <u>R. M. Laney</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Williams</u>		14. NAME OF HUSBAND OR WIFE <u>Leonard Mitchell</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>511-01-6643</u>		17. INFORMANT <u>Clara Frances Mitchell</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Intra cerebral hemorrhage</u>						<u>2 days</u>	
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) <u>metastatic cancer of cervix</u>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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.)			
20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u>		Month, Day, Year <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>Oct 15, 1959</u> to <u>Oct 17, 1959</u> and last saw her alive on <u>Oct 17, 1959</u>		Death occurred at <u>9:45 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Elmer M. Powell, MO</u> (Degree or title)				22b. ADDRESS <u>609 Cherry Springfield, Mo</u>		22c. DATE SIGNED <u>10-20-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Oct 2, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Shart Cemetery</u>		23d. LOCATION (City, town, or county) <u>Hurley Mo</u>		(State)	
24. FUNERAL DIRECTOR <u>Everett J. Cheatham</u>		ADDRESS <u>Galena</u>		25. DATE RECD. BY LOCAL REG. <u>10-22-59</u>	26. REGISTRAR'S SIGNATURE <u>Effie S. Meehan</u>		

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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bernard F. Wrig

Licensed Embalmer No. 4293

P. O. Address Spring

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.