URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 1 1959

59-040532

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 526

ENDED

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence — Length of stay in 1b: 60 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 11317 Winner Rd. — Inside Limits Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Independence — Inside Limits Yes XX No ☐
d. STREET ADDRESS (If outside, give location) 11317 Winner Road — Reside on Farm Yes ☐ No XX

3. NAME OF DECEASED (Type or print): First JAMES Middle HENRY Last MITCHELL
4. DATE OF DEATH Month Nov. Day 22, Year 1959
5. SEX Male
6. COLOR OR RACE White
7. Married XX Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 2-12-1891
9. AGE (last birthday) 68 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter
10b. KIND OF BUSINESS OR INDUSTRY Paint Contracting
11. BIRTHPLACE (City and state or country) Brunswick, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Sarah Jane Wilkerson
14. NAME OF HUSBAND OR WIFE Clara M. Mitchell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. 496-05-4162
17. INFORMANT Clara M.Mitchell, 11317 Winner Rd., Indep. Address

MEDICAL CERTIFICATION

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)	Cardiac arrest [illegible]	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Decompensation	6 days
DUE TO (c)	Arterio sclerotic heart disease	several yrs

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO X
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 October 13, 1959 to November 22, 1959 and last saw her/him alive on November 22, 1959

Death occurred at 7:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Erwin K. Dorsch (Degree or title)
22b. ADDRESS 10901 Winner Road - Indep.
22c. DATE SIGNED 11-23-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11-25-59
23c. NAME OF CEMETERY OR CREMATORY Floral Hills Cemetery
23d. LOCATION (City, town, or county) (State) Kansas City, Missouri

24. FUNERAL DIRECTOR ADDRESS Geo.C.Carson & Sons, Independence, Mo.
25. DATE RECD. BY LOCAL REG. 11-25-59
26. REGISTRAR'S SIGNATURE James A. Lacy

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Wm H Cantell

Signature of Student Embalmer

Licensed Embalmer No. 5082

P. O. Address Indep. M

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