

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040825

FILED VS DEC 4 1959

STATE FILE NUMBER

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 133

RECEIVED

12-21-59

acute myocardial infarction acute coronary thrombosis

DOCUMENT results of autopsy

BY AFFIDAVIT OF attending physician

1. PLACE OF DEATH a. COUNTY <b>Lawrence</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lawrence</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mt. Vernon</b>		Length of stay in 1b <b>6 days</b>	c. CITY OR TOWN <b>Sarcoxie</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mo. State Sanatorium</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Route 2</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>George</b> Middle <b>W.</b> Last <b>Mitchell</b>			4. DATE OF DEATH Month <b>Nov.</b> Day <b>23</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>5-28-01</b>	9. AGE (last birthday) <b>58</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>26</b> Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and state or country) <b>Ozark County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>Lee Mitchell</b>		13b. MOTHER'S MAIDEN NAME <b>Lou Evans</b>		14. NAME OF HUSBAND OR WIFE <b>Lucy Mitchell</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>499-03-2570</b>		17. INFORMANT <b>San. records, Mo. State San., Mt. Vernon, Mo.</b>	
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) <b>Acute myocardial-infarction- Massive, healed myocardial infarction</b>					<b>immediate</b>
DUE TO (b) <b>-acute coronary thrombosis-</b>					<b>chronic</b>
DUE TO (c) <b>arteriosclerotic cardiovascular disease</b>					<b>chronic</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Pulmonary emphysema</b>					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.)	
20c. TIME OF INJURY Hour <b></b> a.m. <b></b> p.m. <b></b>		Month, Day, Year <b></b>			
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>11-16-59</b> , to <b>11-23-59</b> and last saw him alive on <b>11-23-59</b> Death occurred at <b>12:25 a.m.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>L. Vernon Langelutty, M.D.</b>			22b. ADDRESS <b>Mt. Vernon, Missouri</b>		22c. DATE SIGNED <b>11-23-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>11-25-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Tafniew</b>		23d. LOCATION (City, town, or county) (State) <b>N of Sarcoxie Mo.</b>
24. FUNERAL DIRECTOR <b>Morris Seiman</b>		ADDRESS <b>Miller Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>11-28-59</b>	25. REGISTRAR'S SIGNATURE <b>NU Louett</b>

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**STATEMENT BY LICENSED EMBALMER**

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

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed E. P. Seiman

Licensed Embalmer No. 3297

P. O. Address Miller M

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