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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

5759 0 46628  
STATE FILE NUMBER

Registration District No. 377 Primary Registration District No. 454K 372 Registrar's No. 7511

1. PLACE OF DEATH a. COUNTY <b>WEBSTER</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>WEBSTER</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>NIANGUA TWP</b>		Length of stay in 1b	c. CITY OR TOWN <b>NIANGUA MO R2</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		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <b>5MI EAST</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>DARRELL RAY MITCHELL</b>			4. DATE OF DEATH <b>DEC 26 1959</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6-12-1958</b>	9. AGE (last birthday) <b>3</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CHILD</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>CALIFORNIA</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>RONALD MITCHELL</b>		13b. MOTHER'S MAIDEN NAME <b>Alice Ellison</b>		14. NAME OF HUSBAND OR WIFE	
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.		17. INFORMANT <b>RONALD ELLISON NIANGUA</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Asphyxiation By Smoke</b> DUE TO (b) <b>Second &amp; Third Degree Burns Over Entire Body</b> DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH
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 type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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>FARM HOUSE DESTROYED BY FIRE</b>			
20c. TIME OF INJURY Hour a.m. <b>7:36</b> Month, Day, Year <b>12-12</b>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>FARM HOME</b>	20f. CITY, TOWN, OR LOCATION <b>NIANGUA</b>		COUNTY <b>WEBSTER</b> STATE <b>MO</b>
21. I attended the deceased from _____, to _____, and last saw him alive on _____. Death occurred at <b>about 7:30 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Duel Edwards Corson</b>			22b. ADDRESS <b>Marshfield Mo</b>		22c. DATE SIGNED <b>12/28/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>12-30-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>COPENING</b>		23d. LOCATION (City, town, or county) (State) <b>WEBSTER CO MO</b>
24. FUNERAL DIRECTOR <b>BARBER-EDWARDS</b>		ADDRESS <b>MARSHFIELD</b>		25. DATE RECD. BY LOCAL REG. <b>12/29/59</b>	26. REGISTRAR'S SIGNATURE <b>J. Francis</b>

**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 \_\_\_\_\_

*Not Embalmed*

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.