

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-001756

FILED VS FEB 15 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 637 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Webster	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 1 month	c. CITY OR TOWN Niangua Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Carroll Middle Last Mitchell			4. DATE OF DEATH Month Feb. Day 3, Year 1960		
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5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-27-1946	9. AGE (last birthday) 13	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) student	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Niangua Mo.	12. CITIZEN OF WHAT COUNTRY U. S.
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13a. FATHER'S NAME James Mitchell	13b. MOTHER'S MAIDEN NAME Fern Hall	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT Address James Mitchell Niangua Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) encephalomalacia general		INTERVAL BETWEEN ONSET AND DEATH 9 days
DUE TO (b) cardiac arrest		
DUE TO (c) burns- face and hands and neck		5 wks. before

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	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) House burned down
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20c. TIME OF INJURY Hour a.m. p.m. 12-26-59	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.) home	20f. CITY, TOWN, OR LOCATION Niangua, Webster, Mo.	COUNTY Mo.	STATE
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21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) <i>Hugh O'Quinn Larson</i>	22b. ADDRESS Kansas City, Mo.	22c. DATE SIGNED 2-3-60
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23a. BURIAL CREMATION, REMOVAL (Specify) removal	23b. DATE 2-3-60	23c. NAME OF CEMETERY OR CREMATORY Worley	23d. LOCATION (City, town, or county) (State) Oklahoma City, Oklahoma
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24. FUNERAL DIRECTOR ADDRESS Wilks Funeral Home, K. C. Mo.	25. DATE RECD. BY LOCAL REG. Feb. 3, 1960	26. REGISTRAR'S SIGNATURE <i>Norm Minshall</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF HIGH LIFE OFFICER

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 _____

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.