URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-008628

FILED VS MAR 8 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 2376 STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri
Length of stay in 1b

c. CITY OR TOWN St. Louis
Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL
Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 3902 Kingsland Court
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Middle Last
LUCILLE C. MITCHELL

4. DATE OF DEATH Month Day Year
FEBRUARY 27, 1960

5. SEX Female

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 1/13/1912

9. AGE (last birthday) 48

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) Housewife

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (City and state or country) Winner, South Dakota

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Claude Ohl

13b. MOTHER'S MAIDEN NAME Frances Rehaw

14. NAME OF HUSBAND OR WIFE Ward B. Mitchell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) Nil

16. SOCIAL SECURITY NO. None

17. INFORMANT Address
Ward B. Mitchell, 3902 Kingsland Court.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Ventricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 3 minutes

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Hypertensive Heart Disease — 12 years

DUE TO (c) 443x

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 ☒

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 August, 1959, to 2/27/60 and last saw her ~~him~~ alive on 2/27/60

Death occurred at 10:50 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Harold H. Langer M. D.

22b. ADDRESS 100 N. Euclid

22c. DATE SIGNED 2/28/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 2/29/60

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) (State) Sioux City, Iowa.

24. FUNERAL DIRECTOR ADDRESS
Albert H. Hoppe, Inc., 4700 Washington

25. DATE RECD. BY LOCAL REG. FEB 29 1960

26. REGISTRAR'S SIGNATURE Neal Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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