

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011605

FILED VS APR 11 1960

Registration District No. 164 Primary Registration District No. 5601 Registrar's No. 51

STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg		Length of stay in 1b 38 Yrs	c. CITY OR TOWN Warrensburg Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION East End of Gay St.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 504 So. Warren St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Sallie Middle Ann Last Mitchell			4. DATE OF DEATH Month 4 Day 6 Year 60		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-13-67	9. AGE (last birthday) 93	IF UNDER 1 YEAR IF UNDER 24 HR. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Ownhome	11. BIRTHPLACE (City and state or country) Johnson Co. Mo.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Milburn Raker		13b. MOTHER'S MAIDEN NAME Sarah Doak		14. NAME OF HUSBAND OR WIFE M.F. Mitchell, Deceased	
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 Mrs. Hattie Isaac Address Warrensburg, Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Colon		INTERVAL BETWEEN ONSET AND DEATH 6 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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 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 _____ a.m. _____ p.m. Month, Day, Year _____			
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 Sept 1959 to 4-6-60 and last saw her live on 4-5-60 Death occurred at 3:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) R. Lee Cooper M.D.		22b. ADDRESS Warrensburg, Missouri	22c. DATE SIGNED 4/7/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-8-60	23c. NAME OF CEMETERY OR CREMATORY Sunset Hill	23d. LOCATION (City, town, or county) (State) Warrensburg, Missouri.
24. FUNERAL DIRECTOR Sweeney Phillips ADDRESS Warrensburg, Mo.		25. DATE RECD. BY LOCAL REG. 4-7-60	26. REGISTRAR'S SIGNATURE Savannah Hulshoff <i>by Earl Hunt</i>

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

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 _____
Signature of Student Embalmer

Signed Monie D Bailey

Licensed Embalmer No. 4887

P. O. Address Wrensburg

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