

**FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-027694**

FILED VS AUG 1 0 1960

Registration District No. 226 Primary Registration District No. 5798 Registrar's No. 34 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>MONROE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>MONROE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CLAY TWP.</u>		Length of stay in 1b <u>66 YRS.</u>	c. CITY OR TOWN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4 MI. N.E. OF HOLLIDAY MO.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>4 MI. N.E. OF HOLLIDAY, MO.</u>

3. NAME OF DECEASED (Type or print) First Middle Last <u>SADIE P. MITTS</u>			4. DATE OF DEATH Month Day Year <u>JULY 30 1960</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8/5/1893</u>	9. AGE (last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>25</u> Hours <u>-</u> Min. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	11. BIRTHPLACE (City and state or country) <u>MONROE CO., MO.</u>	12. CITIZEN OF WHAT COUNTRY	

13a. FATHER'S NAME <u>WESLEY CONLEY</u>	13b. MOTHER'S MAIDEN NAME <u>ELLEN BARROW</u>	14. NAME OF HUSBAND OR WIFE <u>WILLIAM H. MITTS</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT Address <u>HARVEY MITTS R.F.D HOLLIDAY, MO.</u>

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 <u>7-18-1960</u>
IMMEDIATE CAUSE (a)	<u>Hemostatic Pneumonia</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	<u>Cardiac decompensation</u> <u>Arthritis and Nephritis</u>	

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 type="checkbox"/> NO <input checked="" 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 Month, Day, Year a.m. p.m.		

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 <u>July 18th 11:15 P.M.</u> and last saw her alive on <u>July 30-1960 10 P.M. - 7-29-60</u> . Death occurred at <u>11:15 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) <u>Wollis S. Christman D.O.</u>	22b. ADDRESS <u>PARIS, MO.</u>	22c. DATE SIGNED <u>7/31/1960</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>8/2/1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>BETHEL CEM.</u>
24. FUNERAL DIRECTOR <u>E.H. AGNEW</u>	ADDRESS <u>PARIS, MO.</u>	23d. LOCATION (City, town, or county) (State) <u>HOLLIDAY, MO.</u>
25. DATE RECD. BY LOCAL REG. <u>8-2-1960</u>		26. REGISTRAR'S SIGNATURE <u>Edsie Miller</u>

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 E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address Paris, Mo.

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.