

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-042641

INDEXED

FILED VS. DEC 6 1960 172

Primary Registration District No. 4272

Registrar's No. 95-

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
a. COUNTY Lafayette		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waverly		a. STATE Missouri b. COUNTY Saline		c. CITY OR TOWN Marshall		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waverly		Length of stay in 1b 4 weeks		c. CITY OR TOWN Marshall		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Kelling Clinic			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) RFD# 3		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Elizabeth Dickenson Mitchener				4. DATE OF DEATH Month Day Year December 3, 1960				
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 11-24-1875		
9. AGE (last birthday) 85		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) Homemaker			10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and state or country) Cross Timbers, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Fount P. Dickenson			13b. MOTHER'S MAIDEN NAME Arabelle Doak			14. NAME OF HUSBAND OR WIFE Charles E. Mitchener		
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 Murrel C. Mitchener-Marshall, Mo.			
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	
IMMEDIATE CAUSE (a) cardio vascular disease							6 mos. /	
DUE TO (b) arteriosclerosis generalized							6 mos. /	
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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								
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 1940 to 12/3/60 and last saw him alive on 12/2/60				Death occurred at 2:15AM on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE Jordan Kelling M.D. (Deed or on title)				22b. ADDRESS Waverly, Missouri			22c. DATE SIGNED 12/3/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-4-1960		23c. NAME OF CEMETERY OR CREMATORY Malta Bend Cemetery		23d. LOCATION (City, town, or county) (State) Malta Bend, Missouri		
24. FUNERAL DIRECTOR ADDRESS Campbell-Lewis Marshall, Mo.				25. DATE RECD. BY LOCAL REG. Dec. 3, 1960		26. REGISTRAR'S SIGNATURE Leticia Gordon Jordan		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS DEC 1961

VS DEC 21 1961

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

R.W. Campbell

Licensed Embalmer No. *3460*

P. O. Address *Marshall*

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.