

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012715

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 398 STATE FILE NUMBER

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
SHOULD READ  
BY AFFIDAVIT OF

AMENDED  
**FILED APR 24 1961**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Gentry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Joseph</b>		c. CITY OR TOWN <b>King City</b>	
Length of stay in 1b <b>2 days</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mo. Meth. Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>402 Taylor</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>Raymond Lee Mitchell</b>			4. DATE OF DEATH Month Day Year <b>April 10, 1961</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>1/14/27</b>	9. AGE (last birthday) <b>34</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Assembler</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Auto Plant</b>		11. BIRTHPLACE (City and state or country) <b>Dexter, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Lon Mitchell</b>		13b. MOTHER'S MAIDEN NAME <b>Ida Callihan</b>	
14. NAME OF HUSBAND OR WIFE <b>None</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW 2</b>			
17. INFORMANT <b>Mrs. Lon Mitchell</b>			Address <b>King City, Mo.</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Respiratory failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 hr</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>paralysis of diaphragm</b>	<b>24 hrs</b>
	DUE TO (c) <b>fracture of 6<sup>th</sup> Cervical Vertebrae</b>	<b>24 hrs</b>
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 checked="" 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.) <b>auto accident</b>
20c. TIME OF INJURY Hour <b>2:00 a.m.</b> Month, Day, Year <b>4 9 61</b>		

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.) <b>interstate highway 29</b>	20f. CITY, TOWN, OR LOCATION <b>St Joseph Buchanan Mo</b>	COUNTY <b>Buchanan</b>	STATE <b>Mo</b>
21. I attended the deceased from <b>4-9-61</b> to <b>4-10-61</b> and last saw him alive on <b>4-10-61</b> Death occurred at <b>9:13 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <b>John J. Somers M.D.</b>		22b. ADDRESS <b>420 N 8<sup>th</sup> St St Joseph Mo</b>		22c. DATE SIGNED <b>4-13-61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>April 10 1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>King City Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>King City, Mo.</b>	

24. FUNERAL DIRECTOR <b>Harold E. Keadel</b>	ADDRESS <b>King City, Mo</b>	25. DATE RECD. BY LOCAL REG. <b>April 18, 1961</b>	26. REGISTRAR'S SIGNATURE <b>Wm Clark Goodell</b>
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APR 26 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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Harold E. Keadrel

Licensed Embalmer No. 4609

P. O. Address King City, 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.