

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018095

STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. --- Registrar's No. 98

<p><b>FILED JUN 6 1961</b></p>		<p>1. PLACE OF DEATH</p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p>	
<p>a. COUNTY <u>Laclede</u></p>		<p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sleeper T.S.</u></p>		<p>a. STATE <u>Mo.</u> b. COUNTY <u>Laclede</u></p>	
<p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>7mi. N.E. of Lebanon</u></p>		<p>Length of stay in lb <u>20 yrs.</u></p>		<p>c. CITY OR TOWN <u>Lebanon RURAL</u></p>	
<p>Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>		<p>d. STREET ADDRESS (If outside, give location) <u>Rural Rt. #5</u></p>		<p>Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	
<p>3. NAME OF DECEASED (Type or print) First Middle Last</p>			<p>4. DATE OF DEATH Month Day Year</p>		
<p><u>Venia Octava Mittlestedt</u></p>			<p><u>June 1, 1961</u></p>		
<p>5. SEX <u>female</u></p>	<p>6. COLOR OR RACE <u>white</u></p>	<p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>9-25-36</u></p>	<p>9. AGE (last birthday) <u>74</u></p>	<p>IF UNDER 1 YEAR IF UNDER 24 HR</p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u></p>	<p>10b. KIND OF BUSINESS OR INDUSTRY <u>none</u></p>	<p>11. BIRTHPLACE (City and state or country) <u>Virginia</u></p>	<p>12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u></p>		
<p>13a. FATHER'S NAME <u>John Daugherty</u></p>		<p>13b. MOTHER'S MAIDEN NAME <u>unknown</u></p>		<p>14. NAME OF HUSBAND OR WIFE <u>Fred H. Mittlestedt</u></p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u></p>		<p>16. SOCIAL SECURITY NO. <u>none</u></p>		<p>17. INFORMANT Address <u>Fred H. Mittlestedt, Rt. 5, Lebanon, Mo.</u></p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p>				<p>INTERVAL BETWEEN ONSET AND DEATH</p>	
<p>IMMEDIATE CAUSE (a) <u>Arteriosclerotic Cardiovascular Disease</u></p>				<p><u>Apr 61</u></p>	
<p>DUPLICATE (b) <u>Diverticulose of left colon</u></p>				<p><u>Apr 61</u></p>	
<p>DUPLICATE (c) <u>Ventral Hernia</u></p>				<p><u>Apr 61</u></p>	
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).</p>				<p>PART III. If deceased was female was there a pregnancy in last 90 days.</p>	
<p><u>Mildly Psychotic - nothing to eat 2 wks</u></p>				<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/></p>	<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>			
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>					
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>	<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>	<p>20f. CITY, TOWN, OR LOCATION</p>	<p>COUNTY</p>	<p>STATE</p>	
<p>21. I attended the deceased from <u>July 5, 1946</u> to <u>June 1, 1961</u> and last saw her/him alive on <u>May 2, 1961</u></p>	<p>Death occurred at <u>2:30 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.</p>				
<p>22a. SIGNATURE (Degree or title) <u>Paul A. Jenkins M.D.</u></p>			<p>22b. ADDRESS <u>Knight Bldg. Lebanon, Mo</u></p>		<p>22c. DATE SIGNED <u>2 June 1961</u></p>
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>	<p>23b. DATE <u>6-3-61</u></p>	<p>23c. NAME OF CEMETERY OR CREMATORY <u>Englewood Cemetery</u></p>	<p>23d. LOCATION (City, town, or county) <u>Clinton, Missouri</u></p>	<p>(State)</p>	
<p>24. FUNERAL DIRECTOR ADDRESS <u>J. Shadel Lebanon, Mo.</u></p>		<p>25. DATE RECD. BY LOCAL REG. <u>6-3-1961</u></p>	<p>26. REGISTRAR'S SIGNATURE <u>Hella L. Gray</u></p>		

DATE AMENDED  
INSTEAD OF  
ITEM NO.  
SHOULD READ

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

JUL 13 1967

**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 Gene C. Hunter

Licensed Embalmer No. 4739

P. O. Address Spfld, 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.