SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-022155
STATE FILE NUMBER

AMENDED

Registration District No. 277 Primary Registration District No. 5950 Registrar's No. 17

FILED JUN 26 1961

1. PLACE OF DEATH
a. COUNTY Pike
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hartford Township
Length of stay in 1b: 1 week
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Middletown R.R.3
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pike
c. CITY OR TOWN Bowling Green
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R.F.D. 1
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Middle Last: Mary Frances Mitcham
4. DATE OF DEATH Month Day Year: June 15, 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 6-26-'76
9. AGE (last birthday): 84
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: House-keeping
11. BIRTHPLACE (City and state or country): White Hall, Ill.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Rufus Sheff
13b. MOTHER'S MAIDEN NAME: Nancy Hedgepeth
14. NAME OF HUSBAND OR WIFE: Joseph Mitcham (deceased)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Susie Rose
Address: Bowling Green, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1½ hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis — years
DUE TO (c) — —
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Congestive Heart Failure
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 3/20/61 to 6/15/61 and last saw her alive on 6/8/61
Death occurred at 7 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John W. Middleton M.D.
22b. ADDRESS: Louisiana Mo
22c. DATE SIGNED: 6/16/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-18-61
23c. NAME OF CEMETERY OR CREMATORY: Siloam
23d. LOCATION (City, town, or county) (State): Pike County, Mo.

24. FUNERAL DIRECTOR ADDRESS: Harold Kirks, Bowling Green, Mo.
25. DATE RECD. BY LOCAL REG.: June 21, 1961
26. REGISTRAR'S SIGNATURE: Maidee E. Williams

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED INSTEAD OF DOCUMENT ITEM NO. SHOULD READ 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 me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Harold Kirks

Licensed Embalmer No. 4597

P. O. Address Bowling Green, 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.