

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-036488

Registration District No. 112 Primary Registration District No. 5428 Registrar's No. 19

STATE FILE NUMBER

AMENDED

FILED NOV 1 1961

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
 a. COUNTY Franklin
 b. CITY (If outside corporate limits, give TOWNSHIP only) Boone
 Length of stay-in 1b Life
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION
 Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY Franklin
 c. CITY OR TOWN Boone
 d. STREET ADDRESS Gerald, Route 2
 Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
 WILLIAM THOMAS MITCHELL
 4. DATE OF DEATH Month Day Year
 Oct 23 1961

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH Dec. 3, 1879 9. AGE (last birthday) 81
 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
 10b. KIND OF BUSINESS OR INDUSTRY Retired
 11. BIRTHPLACE (City and state or country) Strain, Mo.
 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME John R. Mitchell 13b. MOTHER'S MAIDEN NAME Mary Ann Souders
 14. NAME OF HUSBAND OR WIFE Amelia K. Mitchell

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 Johnny Mitchell, Sullivan, Mo 82

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Myocarditis
 DUE TO (b) Retention of
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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. 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. Month, Day, Year p.m.
 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 June 1961 to Oct. 23 1961 and last saw her alive on Oct. 22 1961 P.M.
 Death occurred at 2:55 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. P. Royce MD
 22b. ADDRESS 316 Elm St. Sullivan Mo
 22c. DATE SIGNED 10/25/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
 23b. DATE Oct. 26, 1961
 23c. NAME OF CEMETERY OR CREMATORY Lockhart Cemetery
 23d. LOCATION (City, town, or county) Sullivan, Mo. Route 2 (State)

24. FUNERAL DIRECTOR Oltmann Funeral Home, Gerald, Mo.
 ADDRESS Gerald, Mo.
 25. DATE RECD. BY LOCAL REG. Oct 25 - 1961
 26. REGISTRAR'S SIGNATURE John Charles Feilley

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 Ernst R. Ottmann

Licensed Embalmer No. 4054

P. O. Address Union, Missouri

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.