

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

2469 -62-008470
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2469

FILED MAR 7 1962		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		a. STATE <u>Mo</u> b. COUNTY	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b		c. CITY OR TOWN	
<u>3853 DeTONTY</u>		Yes <input type="checkbox"/> No <input type="checkbox"/>		<u>ST. Louis</u>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH		5. SEX	
First Middle Last		Month Day Year		6. COLOR OR RACE	
<u>MARY C. MITCHELL</u>		<u>MARCH 1, 1962</u>		<u>FEMALE</u>	
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH		9. AGE (last birthday)	
		<u>MAY 1, 1875</u>		<u>86</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)	
<u>HOUSE WIFE</u>		<u>AT HOME</u>		<u>CLARKSVILLE Mo. U.S.A.</u>	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE	
<u>HENRY MULHERIEN</u>		<u>UNKNOWN</u>		<u>Robert L. MITCHELL</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address	
<u>N.</u>		<u>None</u>		<u>MARION MITCHELL 4653 DAHLIA</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		IMMEDIATE CAUSE (a)		INTERVAL BETWEEN ONSET AND DEATH	
		<u>Carcinoma liver</u>		<u>2 mo</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)			
		<u>Carcinoma stomach</u>		<u>12 "</u>	
		DUE TO (c)			
				<u>151X</u>	
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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 a.m. p.m. 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		to		and last saw her/him alive on	
Death occurred at		P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title)		22b. ADDRESS		22c. DATE SIGNED	
<u>L. Or Wentzel M.D.</u>		<u>2726 Chouteau</u>		<u>3/2 62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY	
<u>REMOVAL</u>		<u>MARCH 5, 1962</u>		<u>MEMORIAL PARK</u>	
24. FUNERAL DIRECTOR ADDRESS		25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE	
<u>Thomas R. Hutto 2906 Gravois</u>		<u>MAR 3 1962</u>		<u>Loant Smith, M.D.</u>	

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

Dr. J. R. Montpel
2726 Chestnut
PR1-2270

12-280
4-7
Fri.
12-2 Sat

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 *Charles H. Humpal*

Licensed Embalmer No. 4861

P. O. Address Blount 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.