

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-026752

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 128 Primary Registration District No. _____ Registrar's No. 1095 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10390

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Cave Springs</u>		Length of stay in 1b <u>Lifetime</u>	c. CITY OR TOWN <u>Cave Springs</u>
c. FULL NAME OF (if NOT in hospital, give location), HOSPITAL OR INSTITUTION <u>Rt. 2, Walnut Grove Cave Springs Community</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Rt. 2 Walnut Grove Cave Springs Community</u>
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>C.</u> Last <u>Mitchell</u>		4. DATE OF DEATH Month <u>July</u> Day <u>15</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-4-1872</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>90</u>
13a. FATHER'S NAME <u>Jesse Mitchell</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	11. BIRTHPLACE (City and state or country) <u>Greene County, Mo.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
17. INFORMANT <u>H. J. Mitchell, Rt. 2, Walnut Grove, Mo.</u>		14. NAME OF HUSBAND OR WIFE <u>Gerrude Mitchell</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) <u>CARDIAC ARREST</u> DUE TO (b) <u>MYOCARDIAL FAILURE</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
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 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.)	
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 <u>July 15-1962</u> to <u>July 14-62</u> and last saw her/him alive on <u>July 14-62</u> Death occurred at <u>12:01 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>A. J. Staeger DO</u>		22b. ADDRESS <u>ASH GROVE MO.</u>	22c. DATE SIGNED <u>7-16-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7-16-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cave Springs Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Cave Springs, Missouri</u>
24. FUNERAL DIRECTOR (Name - address) <u>Wayne L. David Walnut Grove, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>7-17-62</u>	26. REGISTRAR'S SIGNATURE <u>Effie S. Meltzer</u>

A. J. STAEGER, D.O.
USE BLACK INK OR TYPEWRITER RIBBON

Permit 7-15-62

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 *Norwood C. Labini*

Licensed Embalmer No. 5159

P. O. Address Walnut Grove

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.