MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-033472
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB · AMENDED

VS 300
Rev. 4/59

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 153

FILED AUG 28 1962

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Nevada Hospital DOA
Inside Limits Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print) First WALTER Middle STANLEY Last MITCHEM
4. DATE OF DEATH Month August Day 15 Year 1962
5. SEX M
6. COLOR OR RACE Wh
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 5-29-1890
9. AGE (last birthday) 72
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) Farming
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (City and state or country) Schell City, Missouri
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME James E. Mitchum
13b. MOTHER'S MAIDEN NAME Ida Nichols
14. NAME OF HUSBAND OR WIFE ------
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs. Hazel Harvey, Address Walker, Missouri

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 intra-abdominal hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 10 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) (See over)
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. 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 May 25, 1955, to Aug. 15, 1962 and last saw ~~him~~ him alive on August 14, 1962
Death occurred at Walker, Missouri 8:00 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or Title) R. B. Wray, M.D., F.I.C.S.
22b. ADDRESS Moore Bldg., Nevada, Missouri
22c. DATE SIGNED 8/18/1962

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8-18-1962
23c. NAME OF CEMETERY OR CREMATORY Harwood Cemetery
23d. LOCATION (City, town, or county) Harwood (State) Missouri

24. FUNERAL DIRECTOR Ferry Funeral Home ADDRESS Nevada, Missouri
25. DATE RECD. BY LOCAL REG. 8-24-1962
26. REGISTRAR'S SIGNATURE Anna E. Jurey

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	085		
2	080		2
3			
4	0		
5	0		
6			
7	0		
8	2		
9	467.2		
10			
11			
12	92-0		
13	1-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

This man was examined in this office Aug. 14, 1962, complaining of frequency and urgency of urine and in general just didnot feel good. Urine showed 4 plus albumin, 8-10 red cells with occasional large clumps, 4-5 pus cells on micro. His prostate was enlarged but he had no residual. General physical examination was essentially negative otherwise for a man 72 years old.
About 15 minutes before his death he uttered a sound which was heard by his sister in an adjoining room, gasped a few times and died.
I examined the body add didnot find anything startling except some fullness in the lower right abdomen, but the embalmer found the mass above mentioned was completely filled with a large amount of blood and it was impossible to inject the left Femur without raising the left femoral vein but the right Femur was injected easily, therefore, I cannot go on record that this man actually had an aneurysm in either the aorta or left iliac vein.

I didnot learn this until about 12 hours before the funeral.

AUG 29 1962

R B Gray MD

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 Ray E. Ireland

Licensed Embalmer No. 5052

P. O. Address Nevada, 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.