No. 300
10.48

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11394

BIRTH NO. ______ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 105

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1. PLACE OF DEATH
a. COUNTY: Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fulton, Mo.
c. LENGTH OF STAY (in this place): 19 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital #1, Fulton, Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Boone
c. CITY OR TOWN: Columbia
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 605 N. Ann St.

010
1

3. NAME OF DECEASED (Type or Print)
a. (First): THOMAS
b. (Middle): D.
c. (Last): MITCHELL

4. DATE OF DEATH (Month) (Day) (Year): Apr. 20, 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 14, 1863
9. AGE (In years last birthday): 91 — IF UNDER 1 YEAR Months: 0 Days: 6 — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Real Estate
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (City and State or Foreign Country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Thomas D. Mitchell
13b. MOTHER'S MAIDEN NAME: Eliza Spencer
14. NAME OF HUSBAND OR WIFE: Bertie Mitchell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): D.K.
16. SOCIAL SECURITY NO.: D.K.
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Records of State Hospital #1, Fulton

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: D.K.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ______
DUE TO (c) ______

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:

4200

20. AUTOPSY? YES [ ] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 7, 1954, *to* Apr. 20, 1954, *that I last saw the deceased alive on* April 20, 1954, *and that death occurred at* 3:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Frank J. Nichols M.D.
23b. ADDRESS: State Hospital #1, Fulton, Mo.
23c. DATE SIGNED: 4-20-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-22-54
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park.
24d. LOCATION (City, town, or county) (State): Columbia Mo.

DATE REC'D BY LOCAL REG.: Apr. 20, 1954
REGISTRAR'S SIGNATURE: Marietta Lawrence
4267
25. FUNERAL DIRECTOR'S SIGNATURE: Parker Funeral Service
ADDRESS: Columbia

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ...., Student Embalmer No.........

working under my personal supervision..

Student .... Signed ....Tom McHarg........
Signature of Student Embalmer

Licensed Embalmer No....40

P. O. Address Columb

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.