

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

15332

State File No.

S. No. 300
v. 10-48 FILED APR 28 1953

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 3057 Registrar's No. 33

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

1. PLACE OF DEATH a. COUNTY <u>RAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>RAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RICHMOND</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RICHMOND</u>	
c. LENGTH OF STAY (in this place) <u>30 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>WEST ROYLE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME - WEST ROYLE ST.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>EDITH</u> b. (Middle) <u>BELL</u> c. (Last) <u>MITCHELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 22, 1953</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
8. DATE OF BIRTH <u>Aug. 29, 1867</u>		9. AGE (In years last birthday) <u>85</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>Carroll County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Wm Booker</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH CLONDIS</u>		14. NAME OF HUSBAND OR WIFE <u>ROBERT MITCHELL</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. BEULAH WHITE NORBORNE, Mo.</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hr.</u>	
		ANTECEDENT CAUSES Asford conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of lt breast</u>			
		DUE TO (c) <u>with multiple metastases</u>		<u>5 yrs?</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>170X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from April 21, 1953, to April 22, 1953, that I last saw the deceased alive on April 21, 1953, and that death occurred at 12:55 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>F. H. Johnson, M.D.</u>		23b. ADDRESS <u>Richmond, Mo.</u>		23c. DATE SIGNED <u>4/22/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-24-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Faithaven</u>	
				24d. LOCATION (City, town, or county) (State) <u>Norborne, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>April 25 1953</u>		REGISTRAR'S SIGNATURE <u>Mabel Jackson</u> 273		25. FUNERAL DIRECTOR'S SIGNATURE <u>Knijschild & Douching</u>	
				ADDRESS <u>Norborne, Mo.</u>	

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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
Student Embalmer

Signed August Borcharding

Licensed Embalmer No. 4678

P. O. Address Nashua, N.H.

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 this body is not embalmed, fact should be so stated above.