

FILED JUL 28 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24444

BIRTH NO. _____		REG. DIST. NO. 296		PRIMARY REG. DIST. NO. 6018		Registrar's No. 13	
1. PLACE OF DEATH a. COUNTY <u>RAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY</u>			
b. CITY OR TOWN <u>FISHING RIVER TWP</u>		c. LENGTH OF STAY (in this place) <u>HOURS</u>		c. CITY OR TOWN <u>EXCELSIOR SPRINGS</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>6 mi. E. CITY HI-WAY 10</u>				d. STREET ADDRESS (If rural, give location) <u>MILL STREET</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>WILLIAM</u>		b. (Middle) <u>TATUM</u>		c. (Last) <u>MITCHELL</u>	
4. DATE OF DEATH <u>JULY 19, 1949</u>		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>JAN. 6, 1907</u>		9. AGE (In years last birthday) <u>42</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WAITER-PORTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>WAITER-PORTER</u>	
11. BIRTHPLACE (State or foreign country) <u>ALABAMA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>HENDERSON MITCHELL</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH MITCHELL</u>	
14. NAME OF HUSBAND OR WIFE <u>UNKNOWN</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>273-09-1261</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Beatrice Spruill</u> ADDRESS <u>1723 Forest Hill Rd. E. Excelsior Springs, 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:  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accidental drowning</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>  <u>69279</u>  <u>42</u>			
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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Fishing River Twp. Ray Mo.</u>		21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) <u>Excelsior Springs Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>July 19, 1949</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Accidental drowning</u>		21g. <u>89</u>	
22. I hereby certify that I attended the deceased from <u>alive on July 19, 1949</u> , and that death occurred at <u>7:45 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Deceased or Next of Kin) <u>William W. Rogers</u>		23b. ADDRESS <u>Excelsior Springs Mo.</u>		23c. DATE SIGNED <u>7-19-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-22-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CHANDLER</u>		24d. LOCATION (City, town, or county) (State) <u>MO.</u>	
DATE REC'D BY LOCAL REG. <u>7-22-49</u>		REGISTRAR'S SIGNATURE <u>Helen J. Larkin</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Claude Trichard</u>		ADDRESS <u>Excelsior Springs Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 25

District Health Officer No. 8.

District File Number

Date Filed 7-27-49

MAR 6 1953

SEP 7 1949

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.

Signed

Lindell K. Jarman

Signed Student Embalmer

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs,

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.