

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27396

State File No.

FILED SEP 7 1955

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 250

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Esther</u>		c. CITY OR TOWN <u>Esther</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No. Hospital</u>		STREET ADDRESS (If rural, give location) <u>Seventh St. No. 521 House</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Mr. Casper</u>	b. (Middle) <u>Lee</u>	c. (Last) <u>Mitchell</u>	(Month) <u>Aug.</u>	(Day) <u>24</u>	(Year) <u>1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White Occ.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 26-1880</u>		9. AGE (In years last birthday) <u>75-1-28</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Mr. Bee L. Mitchell</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Cunningham</u>	14. NAME OF HUSBAND OR WIFE <u>Bessie Agnes Mitchell</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>499-03-6341</u>	17. INFORMANT'S SIGNATURE (OR NAME) ADDRESS <u>Mr. Bessie Mitchell - Esther, Mo. (Wife)</u>
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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) <u>neurogenic sarcoma of left hip with generalized metastases</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 mos.</u> <u>17 years</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>neurogenic sarcoma left hip</u>		
	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 <u>1938 + 1951</u>	19b. MAJOR FINDINGS OF OPERATION <u>neurogenic sarcoma left hip</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <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 4-8, 1955, to Aug 24, 1955, that I last saw the deceased alive on 8-22, 1955, and that death occurred at 9:24 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>George L. Watterson M.D.</u>	(Degree or title)	23b. ADDRESS <u>Farmington Mo</u>	23c. DATE SIGNED <u>Aug 25, 1955</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>August 26-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Balem Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Farmington, RFD #2, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Aug 26, 1955</u>	REGISTRAR'S SIGNATURE <u>Esther Redloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alvin W. Hood</u>	ADDRESS <u>303 Crane St. St. Louis, Mo.</u>
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

941

SEP 8 1955

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 Alvin W. Hood....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Alvin W. Hood.....

Licensed Embalmer No. 27..

P. O. Address Flat River,

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.