

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-017292

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. --- Registrar's No. 178

FILED MAY 15 1963

VS 300
Rev. 4/59

1 0940

2 0945

3 2

4 1

5 1

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7 0

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9332X

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11

12 86-2

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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, give TOWNSHIP only) OR TOWN <u>Farmington - RURAL</u>		Length of stay in 1b	c. CITY OR TOWN <u>Farmington, Mo.</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Thomas Dell Mem. Home</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Rural Route</u>
3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>Leota</u> Last <u>Mitchell</u>		4. DATE OF DEATH Month <u>April</u> Day <u>30</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10/19/1875</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>St. Francois Co., U.S.A.</u>
13a. FATHER'S NAME <u>William J. Level</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Shannon</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <u>no</u>		17. INFORMANT <u>Mrs. Mae Blaylock Farmington, Mo.</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>1:45</u> a.m. <u>PM</u> Month, Day, Year <u>4-28-63</u>		20f. CITY, TOWN, OR LOCATION <u>Farmington</u> COUNTY <u>Missouri</u> STATE <u>Missouri</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23d. LOCATION (City, town, or county) <u>Farmington Missouri</u>	
24. FUNERAL DIRECTOR <u>C.H. Cozean Farmington Mo.</u>		26. REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Congestive circulatory failure INTERVAL BETWEEN ONSET AND DEATH 1 wk.
DUE TO (b) Thrombotic Encephalomalacia + prolonged secondary See mo.
DUE TO (c) Arteriosclerosis See yr.

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

20a. ACCIDENT SUICIDE HOMICIDE

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.)

21. I attended the deceased from 4-28-63 to 4-28-63 and last saw her/him alive on 4-28-63
Death occurred at 1:45 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
M. Leubert

22b. ADDRESS
Farmington Mo

22c. DATE SIGNED
5-1-63

23b. DATE
May, 2/1963

23c. NAME OF CEMETERY OR CREMATORY
Park View Cemetery

25. DATE RECD. BY LOCAL REG.
May 1, 1963

USE BLACK INK OR TYPEWRITER RIBBON

MAY 29 1963

MAY 29 1963

8-08

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 _____
Chase

Licensed Embalmer No. 4084

P. O. Address Farmington Ms

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.