

1. PLACE OF DEATH a. COUNTY Bell				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Texas b. COUNTY Bell			
b. CITY OR TOWN (If outside city limits, give precinct no.) Temple		c. LENGTH OF STAY a. 78 days		c. CITY OR TOWN (If outside city limits, give precinct no.) Belton			
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Scott AND WHITE Hospital				d. STREET ADDRESS (If rural, give location) 703 N Wall			
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) (a) First A. (b) Middle Roy (c) Last Mitchell			4. DATE OF DEATH Sept 8, 1959				
5. SEX M		6. COLOR OR RACE W		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH April 19, 1885	
9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY own farm		11. BIRTHPLACE (State or foreign country) Texas	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME James Edward Mitchell				14. MOTHER'S MAIDEN NAME Susan Amanda Lee	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. A. W. Karrenbrock			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY INSUFFICIENCY Respiratory Collapse DUE TO (b) Ca of prostate - Metastasis DUE TO (c) 4 yrs CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERNAL BETWEEN ONSET AND DEATH 2-3h	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input 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 _____ a.m. _____ p.m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)		20f. CITY, TOWN, OR LOCATION			
21. I hereby certify that I attended the deceased from 7-1-59 to 9-8-59 and last saw the deceased alive on 9-8 19 59 . Death occurred at 10:25 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE George C. Nelson MD (Degree or title)				22b. ADDRESS Temple, Texas		22c. DATE SIGNED 9-8-59	
23a. BURIAL, CREMATION, OR DISPOSITION (Specify) Removal & Burial		23b. DATE Sept, 9th, 1959		23c. NAME OF CEMETERY OR CREMATORY North Belton Cemetery			
23d. LOCATION (City, town, or county) Belton, Texas		23e. DATE REC'D BY LOCAL REGISTRAR 9-10-59		24. FUNERAL DIRECTOR'S SIGNATURE E.H. Hartfield		Emb 2466 FD 2960	
25a. REGISTRAR'S FILE NO. 500		25b. DATE REC'D BY LOCAL REGISTRAR 9-10-59		25c. REGISTRAR'S SIGNATURE Claude H. Thompson			

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

VS-112, REV. 1/58

TEXAS DEPARTMENT OF HEALTH
REC'D OCT 13 1959
BUREAU OF VITAL STATISTICS