

FILED OCT 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 34410

BIRTH NO. _____		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>5982</u>		Registrar's No. <u>118</u>			
1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hancock</u>		c. LENGTH OF STAY (in this place) <u>70yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hancock</u>		d. STREET ADDRESS (If rural, give location)			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) <u>Isaphemia</u>			a. (First) <u>E.</u>		b. (Middle) <u>Mitchell</u>		c. (Last)		
4. DATE OF DEATH		(Month) <u>10</u>		(Day) <u>3</u>		(Year) <u>1950</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>12/28/1859</u>			
9. AGE (In years last birthday) <u>90</u>		IF UNDER 1 YEAR Months <u>9</u>		IF UNDER 1 YEAR Days <u>5</u>		IF UNDER 1 YEAR Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>			11. BIRTHPLACE (State or foreign country) <u>Illinois</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			13a. FATHER'S NAME <u>James Porter</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Wilson</u>		14. NAME OF HUSBAND OR WIFE <u>Martin Mitchell</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Grover Mitchell</u>				ADDRESS <u>Hancock, Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>						yes <u>yes</u>	
		DUE TO (c) <u>old age</u>							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>4500</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>June 1946</u> to <u>October 1950</u> , that I last saw the deceased alive on <u>2-10-1950</u> , and that death occurred at <u>7 1/2 m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u> (Degree or title)				23b. ADDRESS <u>0 Nixon - Mo</u>				23c. DATE SIGNED <u>10-08-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/5/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dixon</u>		24d. LOCATION (City, town, or county) (State) <u>Dixon, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>10/21/50</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		389		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred H. Gilbert</u>		ADDRESS <u>Dixon, Missouri</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 7 1950

DEC 6 1950

DEC 5 1950

DEC 31 1950

RECEIVED 10-21-50
Pulaski County Health Officer
File Number
Date Filed 10-21-50

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 _____

10/3/50

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Maurice Scherbaum
Licensed Embalmer No. 4505

P. O. Address Dixon, Missouri

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.