

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12268**

FILED APR 16 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 326

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

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b> <b>0396</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Springfield City Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>1348 La Fontaine Avenue</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>ISAAC</b>	b. (Middle) <b>MARK</b>	c. (Last) <b>MITCHELL</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 11, 1951</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Dec. 25, 1866</b>	9. AGE (In years last birthday) Months Days Hours Min. <b>84 3 6</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Agriculture</b>	11. BIRTHPLACE (State or foreign country) <b>Wright County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Jane (Unknown)</b>	14. NAME OF HUSBAND OR WIFE <b>Ada Mitchell</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Anna Arnold</b>	ADDRESS <b>Springfield, Mo.</b>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>7</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Revascularized arteriosclerosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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	19b. MAJOR FINDINGS OF OPERATION <b>4500</b>	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from March 14, 1951, to April 11, 1951, that I last saw the deceased alive on April 11, 1951, and that death occurred at 2:45p m., from the causes and on the date stated above.

23a. SIGNATURE <b>Edward Marcus</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Springfield, Missouri</b>	23c. DATE SIGNED <b>4/12/1951</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>4/11/1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hartville Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Hartville, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>4-13-51</b>	REGISTRAR'S SIGNATURE <b>W. E. Handley, MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Ayre-Goodwin Fun'l Service, Spfgld, Mo.</b>	ADDRESS
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**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..... *Harry Dyer* .....

Signed.....  
Student Embalmer

Licensed Embalmer No. *459A* .....

P. O. Address *Springfield, Mo.* .....

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.