

FILED OCT 8 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30002  
Registrar's No. 835

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>851 1/2 Boonville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>851 1/2 Boonville</u>		d. STREET ADDRESS (If rural, give location) <u>851 1/2 Boonville</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nashville</u> b. (Middle) <u>B.</u> c. (Last) <u>Mitchell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-29-51</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>Aug. 2, 1872</u>
9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired R.R. Employee</u>	11. BIRTHPLACE (State or foreign country) <u>Union Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Unknown</u>	
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Widower</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>No.</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Dr. Ronald Langston Spfld. Mo</u>		ADDRESS	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis Heart Disease with congestive failure</u> 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 <u>4200</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>11-3</u> , 19 <u>47</u> , to <u>9/29/51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>9/29/51</u> , 19 <u>51</u> , and that death occurred at <u>1100a.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Blenn T. Turner, M.D.</u>		23b. ADDRESS <u>Springfield, Mo.</u>	
23c. DATE SIGNED <u>10/1/51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Oct. 2, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Danforth Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>East of Spfld, 5mi.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J.W. Klenner &amp; Co</u>	
DATE REC'D BY LOCAL REG. <u>10-2-51</u>		REGISTRAR'S SIGNATURE <u>W.E. Handley</u>	
25. ADDRESS <u>Spfld. Mo</u>		M.P.	

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

By Turner.

**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 .....  
Student Embalmer

Signed

*Max Rhodes*

Licensed Embalmer No. 4071

P. O. Address Springfield

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.