

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33247

State File No. \_\_\_\_\_

FILED OCT 29 1951 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 906

1. PLACE OF DEATH  
a. COUNTY Greene

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Greene

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield, Missouri c. LENGTH OF STAY (in this place) 2 v. 9 m  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Cave Springs, Missouri. 0390

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution give street address or location) 615 North Main Trotter Nursing Home  
d. STREET ADDRESS (If rural, give location) R. 2, Walnut Grove, Missouri /

3. NAME OF DECEASED (Type or Print)  
a. (First) Louvina b. (Middle) Jane c. (Last) Mitchell  
4. DATE OF DEATH (Month) (Day) (Year) Oct. 22, 1951

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 8. DATE OF BIRTH Dec. 1st, 1868  
9. AGE (In years last birthday) 82 IF UNDER 1 YEAR Months 9 IF UNDER 12 HRS. Days 21 Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired housewife  
10b. KIND OF BUSINESS OR INDUSTRY HOME  
11. BIRTHPLACE (State or foreign country) Ringold County, Iowa /  
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Ira Mitchell 13b. MOTHER'S MAIDEN NAME Martha Marshall 14. NAME OF HUSBAND OR WIFE 0

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. No  
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs E.L. Robberson, R. 2, Walnut Grove, Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral hemorrhage  
\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES DUE TO (b) Senile Dementia  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS Has had to be locked in room 30 x 4 1/2 -  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from 30 x 4 1/2, 1951, to Oct, 1951, that I last saw the deceased alive on Oct, 1951, and that death occurred at 5:00 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Garrett Hoff M.D. 23b. ADDRESS 1053 Rowan 23c. DATE SIGNED 10-25-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Oct. 24, 1951 24c. NAME OF CEMETERY OR CREMATORY Cave Springs Cem. 24d. LOCATION (City, town, or county) (State) Missouri

DATE REC'D BY LOCAL REG. 10-25-51 REGISTRAR'S SIGNATURE W E Handly 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Greenwade-Windle, Willard, Missouri.

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10. 48

*Dr. Hogg*

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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.

Student .....  
Student Embalmer

Signed *James W. Wair* .....

Licensed Embalmer No. *4650* .....

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.