

FILED DEC 20 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41997

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2AM Registrar's No. 552

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>	
c. LENGTH OF STAY (in this place) <u>2 1/2</u>		d. STREET ADDRESS (If rural, give location) <u>2519 MOFFETT</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WM</u> b. (Middle) <u>HARRISON</u> c. (Last) <u>Mitchell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-1-51</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>11/18/1878</u>
9. AGE (In years last birthday) <u>73</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>MINER</u>
11. BIRTHPLACE (State or foreign country) <u>JASPER Co - m FARM</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOE MITCHELL</u>		13b. MOTHER'S MAIDEN NAME <u>CARRIE</u>	
14. NAME OF HUSBAND OR WIFE <u>VIOLA MITCHELL</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Viola Mitchell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>500-09-1682</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Obstructive pulmonary</u>		INTERNAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Supra</u>	
DUE TO (c) <u>?</u>			
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	
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>11-1-</u> , 19 <u>51</u> , to <u>12-1-</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>11-27-</u> , 19 <u>51</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>C. E. Coats M.D.</u>		23b. ADDRESS <u>Joplin Mo</u>	
23c. DATE SIGNED <u>12-3-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>12/3/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OSBORN</u>	24d. LOCATION (City, town, or county) (State) <u>Joplin Missouri</u>
DATE REC'D BY LOCAL REG. <u>12-3-51</u>	REGISTRAR'S SIGNATURE <u>Red P. Legner 138</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>HORNBUT GLOVER MORTUARY</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

# 495  
1

Coats

RECEIVED 12-18-51  
Jasper County Health Office  
County File Number 51/12/939  
Date Filed 12-18-51

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Wale Glover

Signed.....  
Student Embalmer

Licensed Embalmer No. 4593

P. O. Address Joplin 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.