

## STANDARD CERTIFICATE OF DEATH

State File No. 4555

FILED FEB 23 1954

BIRTH NO.

REG. DIST. NO. 128

PRIMARY REG. DIST. NO. 2000

Registrar's No. 185

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 town) OR TOWN <b>Springfield</b>		c. LENGTH OF STAY (in this place) township) <b>70 Years</b>		c. CITY OR TOWN <b>Springfield</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>936 South Missouri</b>				e. STREET ADDRESS (If rural, give location) <b>936 South Missouri</b> <b>03460</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>ROSA BELLE</b>			b. (Middle) <b>MITCHELL</b>		c. (Last) <b>MILLIKIN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>February 14, 1954</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Nov 28, 1868</b>		9. AGE (In years last birthday) <b>85</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Mexico, Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Fred H Mitchell</b>			13b. MOTHER'S MAIDEN NAME <b>Lucy Creasy</b>			14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>			16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Frances M. Alkire, Phoenix, Arizona</b> 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial failure</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pneumonia - Bronchitis</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Society</b>						INTERVAL BETWEEN ONSET AND DEATH <b>12-31-53</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>491 X</b>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m. _____		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 <b>12-31, 1953</b> , to <b>1-30, 1954</b> , that I last saw the deceased alive on <b>1-30, 1954</b> , and that death occurred at <b>9:45 A</b> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>John Williams, Jr.</b>				23b. ADDRESS <b>Springfield, Mo</b>			23c. DATE SIGNED <b>2-12-54</b>		
24a. BURIAL / CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2/16/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenlawn Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Springfield, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>2-15-54</b>		REGISTRAR'S SIGNATURE* <b>Editt Williamson</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Jewell E Wundt, Springfield, Mo.</b>				

(Licensed Embalmer's Statement on Reverse Side)

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

J. Williams

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 ..... Signature of Student Embalmer

Signed ..... Carl J. Glenn

Licensed Embalmer No. 47

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.