

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044641

STATE FILE NUMBER

FILED DEC 18 1958

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 235

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Dade	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage		c. CITY OR TOWN Greenfield Mo	
c. FULL NAME OF (If NOT a hospital, give location) HOSPITAL OR INSTITUTION 404 1/2 E. 5th		d. STREET ADDRESS (If outside, give location) 6mi West Greenfield	
3. NAME OF DECEASED (Type or print) First Elzy Middle W Last Mitchell		4. DATE OF DEATH Month 12 Day 7 Year 58	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 1 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 2 1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (City and state or country) Dade Co Mo	
13a. FATHER'S NAME John A Mitchell		14. NAME OF HUSBAND OR WIFE Myrtle Mitchell	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		17. INFORMANT John Mitchell 404 1/2 E 5th St Carthage Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Family says "had a stroke". Man had morbid fear of doctors. Never saw one in his lifetime. Reportedly had 3 or 4 previous "strokes". Late afternoon Dec. 7th became partially paralyzed. Family put him to bed.			INTERVAL BETWEEN DEATH AND APPROX. 4 hrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from _____ did not attend _____ and last saw her alive on _____ Death occurred at 8:50p m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Local 8 Registrar		22b. ADDRESS 1238 Grand, Carthage, Mo.	
22c. DATE SIGNED 12-8-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov 11 1958	23c. NAME OF CEMETERY OR CREMATORY Collins	23d. LOCATION (City, town, or country) (State) Dade Co Mo.
24. FUNERAL DIRECTOR W.R. Allison Greenfield Mo.		25. DATE RECD. BY LOCAL REG. 12-8-58	
26. REGISTRAR'S SIGNATURE Elzy Clinton			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *W.R. Allison*

Licensed Embalmer No. *440*
P. O. Address *Greenville*

*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.