

FILED MAY 23 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15558

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 430

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 township) OR TOWN <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>	
c. LENGTH OF STAY (in this place) <b>3 Yrs.</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1560 S. Pickwick</b>		d. STREET ADDRESS (If rural, give location) <b>1560 S. Pickwick</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Robert</b> b. (Middle) <b>Dale</b> c. (Last) <b>Mitchell</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 13, 1949</b>		
---	--	--	--	--	--

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Sept. 19, 1881</b>	9. AGE (In years last birthday) <b>67</b>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 2 HRS. Min.
--------------------	-------------------------------	---	--	---	------------------------	----------------------	-----------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Jeweler &amp; Optometrist</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Savannah, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
--	--	-----------------------------------	--	---	--	---	--

13a. FATHER'S NAME - <b>ELY. McGregor Mitchell</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Tatlock</b>		14. NAME OF HUSBAND OR WIFE <b>X</b>	
--	--	--	--	--------------------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>unknown</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Robert L. Mitchell Springfield, Mo.</b>	
---	--	--	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>50 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b>		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	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) <input checked="" type="checkbox"/>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <input checked="" type="checkbox"/>

22. I hereby certify that I attended the deceased from Feb 12, 1949, to May 12, 1949, that I last saw the deceased alive on May 12, 1949, and that death occurred at 1 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Deceased or title) <b>Robert L. Mitchell, M.D.</b>	23b. ADDRESS <b>Box 248 Republic, Missouri</b>	23c. DATE SIGNED <b>5/14/49</b>
--	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>	24b. DATE <b>5/16/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Newcomer Crematory</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>
--	--------------------------	--	---

DATE REC'D BY LOCAL REG. <b>5-20-49</b>	REGISTRAR'S SIGNATURE <b>W. J. Handley M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>H. H. Lohmeyer Springfield, Mo.</b>
---	---	---

(Licensed Embalmer's Statement on Reverse Side)

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

