S. No. 300
Rev. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32320 36

BIRTH NO. FILED OCT 1 1951 REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 6179 Registrar's No.

1. PLACE OF DEATH
a. COUNTY: Sullivan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pollock
c. LENGTH OF STAY (in this place): 14r
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Sullivan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pollock 1050
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Alfred
b. (Middle): W.
c. (Last): Mitchell

4. DATE OF DEATH (Month) (Day) (Year): 9 - 7 - 51

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 12-14-1899
9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months 8, Days 23 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Telephone Opr.
11. BIRTHPLACE (State or foreign country): Glenwood Mo
12. CITIZEN OF WHAT COUNTRY?: Yes

13a. FATHER'S NAME: Clarence Mitchel
13b. MOTHER'S MAIDEN NAME: Bertha Trent
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 483-05-9091
17. INFORMANT'S SIGNATURE OR NAME: Bertha McDonald
ADDRESS: Pollock Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 4 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) & hypertension — years

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: 4201
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) m.:
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* Sept 1, 1951, *to* Sept 7, 1951, *that I last saw the deceased alive on* Sept 7, 1951, *and that death occurred at* 5 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Chas L. Judd (Degree or title): D.O.
23b. ADDRESS: Unionville Mo
23c. DATE SIGNED: 9/8/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/9/51
24c. NAME OF CEMETERY OR CREMATORY: Scobee Cem
24d. LOCATION (City, town, or county) (State): ~~Milan~~ Pollock - Mo

DATE REC'D BY LOCAL REG.: Sept. 25-1951
REGISTRAR'S SIGNATURE: Mrs. H. B. Harris 320
25. FUNERAL DIRECTOR'S SIGNATURE: Dwight Scheuer
ADDRESS: Milan, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Date Received: SEP 26 1951
DISTRICT HEALTH OFFICE #2
District File Number 951-1705-
Date Filed: SEP 26 1951

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 Dwight Schoene
Licensed Embalmer No. 2667
P. O. Address Milan - 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.