No. 300
10.48

FILED JAN 28 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 966

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 60

396
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1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (In this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Burge Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Willard, b. COUNTY: Greene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Willard, Rural 0390
d. STREET ADDRESS (If rural, give location): R.F.D.1

3. NAME OF DECEASED (Type or Print)
a. (First): Ida b. (Middle): Myrtle c. (Last): Willey

4. DATE OF DEATH (Month) (Day) (Year): Jan. 19 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 24, 1873
9. AGE (In years last birthday): 78 — If under 1 year: Months: 0 Days: 25 — If under 24 hrs.: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Morrisville, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A
13a. FATHER'S NAME: John ~~Henry~~ Wesley Mitchell
13b. MOTHER'S MAIDEN NAME: Sarah Hancock
14. NAME OF HUSBAND OR WIFE: Charles E. Willey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs John A. Morris, Springfield, 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) Organic Heart disease

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
4343
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* Nov 1, 1951, *to* Jan 19, 1952, *that I last saw the deceased alive on* Jan 19, 1952, *and that death occurred at* 10:45A m., *from the causes and on the date stated above.*

23a. SIGNATURE W A Dehzell MD (Degree or title)
23b. ADDRESS Springfield Mo
23c. DATE SIGNED 1/22/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 21, 1951
24c. NAME OF CEMETERY OR CREMATORY: Wesley's
24d. LOCATION (City, town, or county) (State): Near Willard, Mo.

DATE REC'D BY LOCAL REG.: 1-23-52
REGISTRAR'S SIGNATURE: James H. Cross M.D. 468 Jan E.W.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Greenwade-Windle, Willard, Missouri.

(Licensed Embalmer's Statement on Reverse Side)

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

Delzell
McCl Davies

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 James W. Wair

Licensed Embalmer No. 4650

P. O. Address Springfield 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.