

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **27337**

FILED SEP 18 1952

S. No. 300
V. 10.48

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 4059 Registrar's No. 412

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

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Neelyville</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Neelyville</u> <u>0173</u>	
c. LENGTH OF STAY (In this place) <u>3 years</u>		d. STREET ADDRESS (If rural, give location) <u>Box 341</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Issac</u> b. (Middle) <u>Daniel</u> c. (Last) <u>Mitchell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9</u> <u>4</u> <u>1952</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* <u>()</u>	
8. DATE OF BIRTH <u>7-13-1907</u>		9. AGE (In years last birthday) <u>45</u>		10. UNDER 1 YEAR Months <u>1</u> Days <u>3</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>minister</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (State or foreign country) <u>Harris County - Ga</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Issac D. Mitchell Sr.</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Oneal</u>		14. NAME OF HUSBAND OR WIFE <u>Ethel Mitchell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ethel Mitchell - Neelyville, Mo.</u>	
				ADDRESS <u>Neelyville, Mo.</u>	

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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Failure due to Coronary Occlusion</u>			
		INTERVAL BETWEEN ONSET AND DEATH <u>30 minutes</u>			
		ANTECEDENT CAUSES Morbidity 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 <u>—</u>		19b. MAJOR FINDINGS OF OPERATION <u>—</u>		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) <u>Neelyville, Butler, Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4201</u>	

22. I hereby certify that I attended the deceased from Mar 5, 1952 to Sept 4, 1952 that I last saw the deceased alive on Sept 4, 1952, and that death occurred at 6:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. L. Smith 2 H.O.</u>		23b. ADDRESS <u>Box 328, Neelyville, Mo.</u>		23c. DATE SIGNED <u>9-5-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>Sept. 5-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Catoula</u>	
				24d. LOCATION (City, town, or county) (State) <u>Georgin</u>	

DATE REC'D BY LOCAL REG. <u>9-5-52</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Fred Smith - Sikeston - Mo</u>	
				ADDRESS <u>—</u>	

RECEIVED
SEP 10 1952

BUTLER CO. HEALTH CENTER

FILE No. 952-446

NOV 6 1952
NOV 13 1952

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 Fred J. Smith

Licensed Embalmer No. 4408

P. O. Address Liberton, 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.