SSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

61-017117
STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

DOCUMENT

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

FILED MAY 29 1961

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 506

1. PLACE OF DEATH
a. COUNTY: GREENE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: SPRINGFIELD — Length of stay in 1b: 17 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: DOCTORS' MEMORIAL OSTEOPATHIC HOSPITAL — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI — b. COUNTY: WEBSTER
c. CITY OR TOWN: MARSHFIELD — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 226 NORTH LOCUST — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: RAYMOND — Middle: R. — Last: MITCHELL

4. DATE OF DEATH: Month: MAY — Day: 19 — Year: 1961

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 11-26-1888

9. AGE (last birthday): 72

IF UNDER 1 YEAR / IF UNDER 24 HR: Months — Days — Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RET CIVIL SERVICE

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (City and state or country): BEFORD, INDIANA

12. CITIZEN OF WHAT COUNTRY: U.S.A

13a. FATHER'S NAME: UNKNOWN

13b. MOTHER'S MAIDEN NAME: UNKNOWN

14. NAME OF HUSBAND OR WIFE: LOIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WWI

16. SOCIAL SECURITY NO.

17. INFORMANT: LOIS MITCHEAL — Address: MARSHFIELD

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Circulatory failure	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. — DUE TO (b)	Myocardial infarction	1 minute
DUE TO (c)	Arteriosclerosis	unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes mellatus

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 5/2/61 to 5/19/61 and last saw him alive on 5/19/61

Death occurred at 5/19/61 5 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Leland E Wetzel DO

22b. ADDRESS: Springfield, Mo.

22c. DATE SIGNED: 5/19/61

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

23b. DATE: 5-19-1961

23c. NAME OF CEMETERY OR CREMATORY: GREEN HILL

23d. LOCATION (City, town, or county) (State): BEDFORD, IND.

24. FUNERAL DIRECTOR: BARBER-EDWARDS MARSHFIELD — ADDRESS

25. DATE RECD. BY LOCAL REG.: 5-23-61

26. REGISTRAR'S SIGNATURE: Effie S. Melton

(Licensed Embalmer's Statement on Reverse Side)

JUN 20 1961

JUL 6 1961

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_____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 384

P. O. Address _____

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.