

96814

Certificate of Death

Vol. 181 Page 4073

State File No.

Local Reg. No. 15

Reg. Dist. No. 670

BIRTH NO.

RECEIVED

1. PLACE OF DEATH

a. COUNTY

Butte

JUN 6 1977

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)

a. STATE

Idaho

b. COUNTY

Jefferson

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Rural

Moore

Bureau of Vital Statistics

c. LENGTH OF

STAY (in this place)

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Mud Lake

d. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION 1 Mile No. 1/4 mi East of Moore

d. STREET ADDRESS (If rural, give location)

Copes Trailer Court

3. NAME OF DECEASED

(Type or Print)

a. (First)

ALEXANDER

b. (Middle)

SANDY

c. (Last)

MITCHELL

4. DATE

OF

DEATH

(Month)

May 28, 1977

(Day)

(Year)

5. SEX

Male

6. COLOR OR RACE

white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 6, 1903

9. AGE (in years)

73

IF UNDER 1 YR.

Months

IF UNDER 24 HRS.

Hours

Min.

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

Miner, Farmer ret.

10b. KIND OF BUSINESS OR INDUSTRY

Self Employed

11. BIRTHPLACE (State or foreign country)

Sien Ewen, Saskatchewan

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Alexander Mitchell

BIRTHPLACE

Canada

14. MOTHER'S MAIDEN NAME

Mary Ellen Coleman

BIRTHPLACE

Canada

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.

519 44 0982

17. INFORMANT'S OWN SIGNATURE

Id. Moore, *Id. Moore*

ADDRESS

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b) and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH * (a)

Cardiac insufficiency

INTERVAL BETWEEN ONSET AND DEATH

? yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, DUE TO (b)

giving rise to the above cause

(a) stating the underlying cause last

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 ☐ 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)

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

on June 4, 1977, at Butte County Coroner, and that death occurred at As Coroner only--Did not see alive, from the causes and on the date stated above.

23a. SIGNATURE

(Degree or title)

Butte County Coroner

23b. ADDRESS

Arco, Idaho

23c. DATE SIGNED

6-3-77

24a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24b. DATE

May 28 1977

24c. NAME OF CEMETERY OR CREMATORY

Fielding Memorial Park Idaho Falls, Idaho

24d. LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

June 4-1977

REGISTRAR'S SIGNATURE

Betty J. Marvel

25. EMPLOYER

Buck-Sullivan Funeral Home

LICENSE NO.

M387

Federal Security Agency

United States Public Health Service

FORM OH-830-21

State of Idaho. }
County of Ada }Doug Osborne
439 Pine
K 70

THIS IS TO CERTIFY That this is a certified copy of a certificate filed with the Department of Health and Welfare under Title 39, Idaho Code.

JUN 10 1977

Date Issued

Janet M. Wick

State Registrar of Vital Statistics

State of OREGON; COUNTY OF KLAMATH: ss.

I hereby certify that the within instrument was received and filed for record on the

6th day of March A.D., 1981 at 3:36 o'clock p M., and duly recorded in

EVELYN BIEHN

COUNTY CLERK

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Fee \$ 3.50

By Bernice H. Hefco deputy

ck
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