

FILED DEC 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36901

BIRTH NO. 78042-49 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1067

39  
2  
6

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

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b> 106	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Branson</b> 5	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Burge Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>Star Route</b> 1	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Sally</b>		b. (Middle) <b>hou</b>	
c. (Last) <b>Hartzell</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 3 1949</b>	
5. SEX <b>f.</b>	6. COLOR OR RACE <b>w.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Child</b>	8. DATE OF BIRTH <b>Nov. 1 - 1949</b>
9. AGE (In years last birthday) <b>1</b>	IF UNDER 1 YEAR Months <b>1</b>	IF UNDER 2 HRS. Hours <b>1</b> Mins. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (State or foreign country) <b>Branson Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Archie Hartzell</b>		13b. MOTHER'S MAIDEN NAME <b>Virginia Bookout</b>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Father - Archie Hartzell</b>		ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bile duct atresia</b>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES (b) <b>congenital</b>			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (c) <b>Erythro foetalis Not Ruled out</b>		<b>7562</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
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?	
22. I hereby certify that I attended the deceased from <b>11-1, 1949</b> , to <b>12-3, 1949</b> , that I last saw the deceased alive on <b>12-3, 1949</b> , and that death occurred at <b>12:50 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree of title) <b>Fred B. Walker M.D. Springfield MO</b>		23c. DATE SIGNED <b>12-3-49</b>	
23b. ADDRESS <b>Branson MO</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12-5-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oakwood Park</b>	24d. LOCATION (City, town, or county) (State) <b>Branson MO</b>
DATE REC'D BY LOCAL REG. <b>12-6-49</b>	REGISTRAR'S SIGNATURE <b>W.E. Handley MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Whitaker Funeral Home Branson Mo.</b>	

MAY 11 1950

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. 338

working under my personal supervision.

Signed James W. Stedman  
Student Embalmer

Signed Minnie L. Wheelabel

Licensed Embalmer No. 2277

P. O. Address Bismarck ND

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.