

FILED APR 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11687

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 852 PRIMARY REG. DIST. NO. 6182 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Taney</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Taney</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Branson</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Branson</u>	
c. LENGTH OF STAY (In this place) <u>63</u>		d. STREET ADDRESS (If rural, give location) <u>Branson, Mo 0</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Freight mo</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Daisy</u>	b. (Middle) <u>Ellen Hannah</u>	c. (Last) <u>Branson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 25 1950</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb 24 1887</u>	9. AGE (In years last birthday) <u>63</u>	10. UNDER 1 YEAR Months <u>1</u> Days <u>1</u> Hours <u>1</u> Mins. <u>1</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Branson Taney County Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Sam Knox</u>	13b. MOTHER'S MAIDEN NAME <u>Louisa Caldwell</u>	14. NAME OF HUSBAND OR WIFE <u>John Hannah</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Jess Ward</u>	ADDRESS <u>Freight mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Perniciou anemia</u>		<u>8 year</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Unknown</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Spastic Paralysis of lower limbs (6 year)</u> <u>very large bed sores</u>		<u>(6 year)</u>	

19a. DATE OF OPERATION <u>no</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>no</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Fotosyth TANEY, MO.</u>
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21d. TIME OF INJURY (Month) (Day) - (Year) (Hour) <u>none</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from June 1940, to March 25 1950, that I last saw the deceased alive on March 22 1950, and that death occurred at 2 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>E. E. Giltner, D.O.</u>	(Degree or title)	23b. ADDRESS <u>Branson mo</u>	23c. DATE SIGNED <u>March 26 1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/25/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Memorial Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Branson Mo</u>
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DATE REC'D BY LOCAL REG. <u>Mar 28-1950</u>	REGISTRAR'S SIGNATURE <u>J.E. Cogwell</u>	376	25. FUNERAL DIRECTOR'S SIGNATURE <u>Freight General Home</u>	ADDRESS <u>Freight, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1060

RECEIVED APR 3 1950

District Health Office No. 2

District File Number 484-3

484-3-50

*Handwritten notes and signatures, including names like 'Walter S. Cobb' and 'Forayth Mc'.*

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 Walter S. Cobb

Licensed Embalmer No. 4731

P. O. Address Forayth Mc

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.