

FILED JAN 22 1951

STANDARD CERTIFICATE OF DEATH

43942  
State File No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 4517 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Taney</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Taney</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Branson</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Farmington MO</u>	
c. LENGTH OF STAY (in this place) <u>2 weeks</u>		1060	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Shops Conn Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) <u>Lucinda Emeline Wolf</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 22 50</u>	
a. (First)	c. (Last)	5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>
8. DATE OF BIRTH <u>July 2-1875</u>	9. AGE (In years last birthday) <u>75</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-keeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>House-keeper</u>	11. BIRTHPLACE (State or foreign country) <u>Emmets Lewis</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	13a. FATHER'S NAME <u>Leander Simms</u>	13b. MOTHER'S MAIDEN NAME <u>Malissa Simms</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>

16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Atto Wolf Jr</u>	18. ADDRESS <u>Branson MO</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ca of Lung</u>		DUE TO (b) _____		<u>None</u>	
ANTECEDENT CAUSES		DUE TO (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.		II. OTHER SIGNIFICANT CONDITIONS		163X	
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 <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) m.	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 Aug, 1950, to 12-22, 1950, that I last saw the deceased alive on 12-22, 1950, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>M. A. Branson M.D.</u>	23b. ADDRESS <u>Branson MO</u>	23c. DATE SIGNED <u>12-24-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-24-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>First Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Branson MO</u>
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DATE REC'D BY LOCAL REG. <u>Jan. 10-1951</u>	REGISTRAR'S SIGNATURE <u>S. E. Cogswell</u>	376	25. FUNERAL DIRECTOR'S SIGNATURE <u>Whelchel Funeral Home</u>	ADDRESS <u>Branson MO</u>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

vertical stamp

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED JAN 15 1951

Dist. File 15-1-129

Date Filed 1-13-51

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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No. ....

Signed

*Minnie L. Whelchel*

Licensed Embalmer No. 2277

P. O. Address Princeton 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.