

FILED MAR 19 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11303**

1060

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **302** PRIMARY REG. DIST. NO. **6190** Registrar's No. **21**

1. PLACE OF DEATH a. COUNTY <b>Taney</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO</b> b. COUNTY <b>Taney</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Branson Rural</b>		c. LENGTH OF STAY (In this place) <b>MO</b>	
c. CITY (If outside corporate limits, write RURAL and give township) <b>Branson MO</b>		d. STREET ADDRESS (If rural, give location) <b>Rural 1060</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>		d. STREET ADDRESS (If rural, give location) <b>Rural 1060</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Clyde</b> b. (Middle) <b>name</b> c. (Last) <b>Deener</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>2-25-51</b>	
5. SEX <b>MO</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb-7-1901</b>
9. AGE (In years last birthday) <b>50</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Fabricator</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>Branson Lumber</b>		11. BIRTHPLACE (State or foreign country) <b>MO</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>James C. Deener</b>	
13b. MOTHER'S MAIDEN NAME <b>Washington Deener</b>		14. NAME OF HUSBAND OR WIFE <b>Florence Deener</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>493-16-6319</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Florence Deener</b>		ADDRESS <b>Branson MO</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>DOUBLE LOBAR PNEUMONIA</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>CHRONIC T. B.</b> 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 <b>none</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <b>2 DAYS</b>  <b>7 YRS</b>  <b>002X</b>	
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) (Min.)	
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>Dec</b> , 19 <b>45</b> , to <b>2/25</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>2/25</b> , 19 <b>51</b> , and that death occurred at <b>2:35 A. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Paul Roberts MD</b>		23b. ADDRESS <b>Branson MO</b>	
23c. DATE SIGNED <b>3/2/51</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>2-28-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Memorial Park</b>	
24d. LOCATION (City, town, or county) (State) <b>Branson MO</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. H. White</b>	
DATE REC'D BY LOCAL REG. <b>Mar 5-1951</b>		REGISTRAR'S SIGNATURE <b>E. C. Cozart</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>W. H. White</b>		ADDRESS <b>Branson MO</b>	

DIVISION OF HEALTH OF MD.  
District No. 5 - New York field

RECEIVED MAR 12 1951

Dist. File 351-514

Date Filed 3-12-51

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.

Student Embalmer No.....

Signed.....

*Minnie S. Wheelock*

Signed.....  
Student Embalmer

Licensed Embalmer No. 2277

P. O. Address Branson 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.