

BIRTH NO. _____		REG. DIST. NO. 352		PRIMARY REG. DIST. NO. 6190		Registrar's No. 58	
1. PLACE OF DEATH a. COUNTY Taney				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY Taney			
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN Branson Rural		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Branson 1060		d. STREET ADDRESS (If rural, give location) MO	
d. FULL NAME OF HOSPITAL OR INSTITUTION Or Cameron Branch							
3. NAME OF DECEASED a. (First) Claudia (Type or Print)			b. (Middle) Merton		c. (Last) Jones		4. DATE OF DEATH (Month) 6 (Day) 24 (Year) 51
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH June 24, 1951		9. AGE (In years last birthday) 74	
10a. USUAL OCCUPATION (Give kind of work doing during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY School		11. BIRTHPLACE (State or foreign country) MO		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Claude James			13b. MOTHER'S MAIDEN NAME Edith Price Jones		14. NAME OF HUSBAND OR WIFE none		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Claude Jones ADDRESS Branson MO			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental Drowning ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Could not surmise DUE TO (c) Fall in deep Hole of Water II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 69298 H2 106				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Cameron Branch		21c. (CITY, TOWN, OR TOWNSHIP) Branson (COUNTY) Taney (STATE) MO			
21d. TIME OF INJURY (Month) 6 (Day) 24 (Year) 51 (Hour) 1:30 PM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR Drowning			
22. I hereby certify that I attended the deceased from 6-24, 1951, to 6-24, 1951, that I last saw the deceased on 6-24, 1951, and that death occurred at 1:30 P.M., from the causes and on the date stated above.							
23a. SIGNATURE Harry Farquhar (Degree or title) Coronel				23b. ADDRESS Branson MO		23c. DATE SIGNED 6-25-51	
24a. BURIAL, CREMATION (REMOVAL) (Specify) Burial		24b. DATE 6-27-51		24c. NAME OF CEMETERY OR CREMATORY Sagamore		24d. LOCATION (City, town, or county) Branson MO (State) MO	
DATE REC'D BY LOCAL REG. 6-28-51		REGISTRAR'S SIGNATURE J E Copwood 376		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

060
3

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

RECEIVED

JUL 5 1951

Dist. File

221-1332

Date Filed

2-13-51

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.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Minnie J. Wheelchel*

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.