

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32322

State File No.

FILED SEP 26 1951

BIRTH NO. 58982-51 REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 4517 Registrar's No. 23

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

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) <u>Branson</u>		c. LENGTH OF STAY (In this place) <u>2 hrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Branson MO</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Spazys Comm Hosp</u>			d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jack</u> b. (Middle) <u>Norman</u> c. (Last) <u>Aline</u>			4. DATE OF DEATH (Month) <u>8</u> (Day) <u>31</u> (Year) <u>51</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>8-31-51</u>	9. AGE (In years last birthday) <u>0</u>	# UNDER 1 YEAR <u>0</u>	
# UNDER 1 YEAR <u>0</u>	# UNDER 1 YEAR <u>0</u>	# UNDER 1 YEAR <u>0</u>	# UNDER 1 YEAR <u>0</u>	# UNDER 1 YEAR <u>0</u>	# UNDER 1 YEAR <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Branson MO</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Richard H. Aline</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Aline</u>		
14. NAME OF HUSBAND OR WIFE <u>none</u>		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. <u>none</u>		
17. INFORMANT'S SIGNATURE OR NAME <u>Richard H. Aline</u>		18. ADDRESS <u>1111 Mill St</u>				
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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture of vertebrae</u>			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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 <u>7625</u>			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) (Min) 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 <u>8/31</u> , 19 <u>51</u> , to <u>8/31</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>8/31</u> , 19 <u>51</u> , and that death occurred at <u>EP</u> m., from the causes and on the date stated above.						
23a. SIGNATURE <u>Henry Cedent</u>			23b. ADDRESS <u>Branson, Mo</u>	23c. DATE SIGNED <u>9/10/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>9-1-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cannon Bend</u>	24d. LOCATION (City, town, or county) (State) <u>Branson MO</u>			
DATE REC'D BY LOCAL REG. <u>Aug 13-51</u>	REGISTRAR'S SIGNATURE <u>A E Cogwell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>R O W Helchel</u>	ADDRESS <u>Branson MO</u>			

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

RECEIVED

SEP 17 1951

Dist. File 221-1633
Date Filed 9-17-51

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 _____

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Minnie J. Whelsh*

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.