

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3704

State File No. ....

FILED JAN 22 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 354 PRIMARY REG. DIST. NO. 4517 Registrar's No. 1

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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 OR TOWN <u>Branson</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Branson</u>	d. STREET ADDRESS (If rural, give location) <u>1060</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Branson Comm Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Georgia Lilean</u>	b. (Middle) <u>Allen</u>	c. (Last) <u>Allen</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1-17-52</u>
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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>2-28-1880</u>	9. AGE (In years last birthday) <u>71</u>	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 YEAR Hours	13. UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Nurse-Keeper</u>	11. BIRTHPLACE (State or foreign country) <u>Elkland MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>James Mason</u>	13b. MOTHER'S MAIDEN NAME <u>Rebecca Jane Goss</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jim M Allen</u>	ADDRESS <u>Branson 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 <u>10 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive - Cerebral Embolism</u>		
	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>NO</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Jan 7, 1952 to 1-17, 1952, that I last saw the deceased alive on 1-17, 1952, and that death occurred at 6:45 m., from the causes and on the date stated above.

23a. SIGNATURE <u>W C Magnus M.D.</u> (Degree or title)	23b. ADDRESS <u>Branson, MO</u>	23c. DATE SIGNED <u>1/17/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-18-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>East Lawn</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield MO</u>
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DATE REC'D BY LOCAL REG. <u>Jan 19 1952</u>	REGISTRAR'S SIGNATURE <u>J E Cogswell</u> 376	25. FUNERAL DIRECTOR'S SIGNATURE <u>R. O. Wheelchel</u>	ADDRESS <u>Branson MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

**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 L. Whelchel*

Signed.....  
Student Embalmer

Licensed Embalmer No *2277*

P. O. Address *Bramson 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.**