FILED FEB 11 1952

STANDARD CERTIFICATE OF DEATH

State File No. 3705

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

1. PLACE OF DEATH
a. COUNTY: Taney
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Branson
c. LENGTH OF STAY (in this place): 48 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Taney
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Branson
d. STREET ADDRESS (If rural, give location): 1060 0 ~~Address~~

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): Frederick
c. (Last): Pessinger

4. DATE OF DEATH (Month) (Day) (Year): 1 - 31 - 52

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 9 - 1903
9. AGE (In years last birthday): 48 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Butane Gas
11. BIRTHPLACE (State or foreign country): Cedar Creek Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Thomas Jackson Pessinger
13b. MOTHER'S MAIDEN NAME: Abby Celesta Banks
14. NAME OF HUSBAND OR WIFE: Ruby Pessinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 500-05-8022
17. INFORMANT'S SIGNATURE OR NAME: Truman Pessinger — ADDRESS: Cedar Creek Mo

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): none
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: 4222
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/31, 1952, *to* 1/31, 1952, *that I last saw the deceased alive on* 1/31, 1952, *and that death occurred at* 11:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Harry T. Brown (Degree or title): M. D.
23b. ADDRESS: Branson Mo
23c. DATE SIGNED: 2/6/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 3-1952
24c. NAME OF CEMETERY OR CREMATORY: Park Memorial Park
24d. LOCATION (City, town, or county) (State): Branson Mo.

DATE REC'D BY LOCAL REG.: Feb. 6-1952
REGISTRAR'S SIGNATURE: L. E. Cogswell
25. FUNERAL DIRECTOR'S SIGNATURE: R. O. Whelchel — ADDRESS: Branson Mo

(Licensed Embalmer's Statement on Reverse Side)

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

060 — 1

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. Whitehead

Licensed Embalmer No. 2277

P. O. Address Branson Mo

Signed.....
Student Embalmer

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.