

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15370

State File No. ....

FILED APR 21 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 552 PRIMARY REG. DIST. NO. 4518 Registrar's No. 27

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) OR TOWN <u>Hollister</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HOLLISTER, MO</u>	
c. LENGTH OF STAY (In this place) <u>20 years</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LOUISE</u>	b. (Middle) <u>NONE</u>	c. (Last) <u>DONIVE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4-12-52</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>Feb 4-1862</u>	9. AGE (In years last birthday) <u>90</u>	# UNDER 1 YEAR Months   Days	# UNDER 1 HR. Hours   Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>HOME-MAKER</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>STATE OF TEXAS</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>WILLIAM FECHNER</u>	13b. MOTHER'S MAIDEN NAME <u>MARY FECHNER</u>	14. NAME OF HUSBAND OR WIFE <u>DEASED</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS R-C SALISBURY</u>	ADDRESS <u>H 824 7678</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u> <u>1 yr -</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 1/1, 1952 to 4/12, 1952, that I last saw the deceased alive on 4/11, 1952, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harry T. Evans M.D.</u>	23b. ADDRESS <u>Branson, MO</u>	23c. DATE SIGNED <u>4/13/52</u>
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24a. BURIAL, CREMATION, OR REMOVAL <u>REMOVED</u>	24b. DATE <u>4-14-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MISSOURI CREMATORY ST LOUIS MO</u>	24d. LOCATION (City, town, or county) (State) <u>MO</u>
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DATE REC'D BY LOCAL REG. <u>4-18-52</u>	REGISTRAR'S SIGNATURE <u>J E Cogburn</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>RO. W. HELCHEN</u>	ADDRESS <u>BRANSON MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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.....

....., Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed *Miriam L. Whelchel*

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.