

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Star File No. **30533**

No. 300
v. 10.48

FILED SEP 8 - 1952

BIRTH NO. _____ REG. DIST. NO. 752 PRIMARY REG. DIST. NO. 4517 Registrar's No. 711

1. PLACE OF DEATH a. COUNTY <u>Taney</u> <u>1060</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Taney</u>	
b. CITY OR TOWN <u>BRANSON</u> (If outside corporate limits, write RURAL and give township)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Protem</u> <u>1060</u>	
c. LENGTH OF STAY (in this place) <u>8 days</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Protem</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SKAGGS Memorial</u>			

3. NAME OF DECEASED a. (First) <u>Lee</u> b. (Middle) <u>Norman</u> c. (Last) <u>JAMES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 25, 52</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov 11, 1879</u>	9. AGE (In years last birthday) <u>72</u>	10. UNDER 1 YEAR (Months) (Days) (Hours) (Min.) <u>9 14</u>
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>Housekeeping</u>		11. BIRTHPLACE (State or foreign country) <u>Marion County, Ark</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Alfred Mulanef</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Metz</u>	
14. NAME OF HUSBAND OR WIFE <u>Cyrus James</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <u>no</u> (If yes, give war or dates of service) <u>none</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Arkie Mathews</u> ADDRESS <u>Protem Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary</u>				INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Pneumonia</u>				1 <u>HR.</u>	
		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 _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		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 8-22, 1952, to 8-25, 1952, that I last saw the deceased alive on 8-20, 1952, and that death occurred at 2:13 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>N.C. Maguire</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Branson Mo</u>		23c. DATE SIGNED <u>8-29-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/29/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Protem Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Protem Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L.C. Hall</u>		ADDRESS <u>Harrison Ark</u>	
DATE REC'D BY LOCAL REG. <u>9-2-52</u>		REGISTRAR'S SIGNATURE <u>J.E. Cogwell</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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 Walter Stahl

Licensed Embalmer No. 4731

P. O. Address. Lanarth, Md

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.