No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44287

State File No.

FILED DEC 29 1952

BIRTH NO. REG. DIST. NO. 852 PRIMARY REG. DIST. NO. 4517 Registrar's No. 112

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): 47 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Skaggs-Harpet

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 1062
d. STREET ADDRESS (If rural, give location): P.O. Box

3. NAME OF DECEASED (Type or Print)
a. (First): Eula
b. (Middle): Fay
c. (Last): Sharnhill

4. DATE OF DEATH (Month) (Day) (Year): 12-17-52

5. SEX: Female
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH (Month) (Day) (Year): Feb. 3-1901
9. AGE (In years last birthday): 51
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): Resort Owner
10b. KIND OF BUSINESS OR INDUSTRY: Resort
11. BIRTHPLACE (City and State or Foreign Country): Hartville Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Radcliff Oscar Whitehead
13b. MOTHER'S MAIDEN NAME: Minnie L. Walters
14. NAME OF HUSBAND OR WIFE: None Divorced

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.: no
17. INFORMANT'S SIGNATURE OR NAME: Minnie L. Whitehead
ADDRESS: Branson Mo

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Primary C.A. of the Breast
ANTECEDENT CAUSES — Contrib. Metastatic Bone & Left Femur + Lung
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

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: 170X
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* Dec 7th, 1952, *to* Dec 17th, 1952, *that I last saw the deceased alive on* Dec 17th, 1952, *and that death occurred at* 10:30 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] M.D.
23b. ADDRESS: Forsyth Mo
23c. DATE SIGNED: 12/27/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Maulem
24b. DATE: 12-21-52
24c. NAME OF CEMETERY OR CREMATORY: Ozark Memorial Park
24d. LOCATION (City, town, or county) (State): Branson Mo

DATE REC'D BY LOCAL REG.: 12-27-52
REGISTRAR'S SIGNATURE: S C Cogswell 376
25. FUNERAL DIRECTOR'S SIGNATURE: R.O. Whitehead
ADDRESS: Branson Mo

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 3 1955

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 S. Cobb

Licensed Embalmer No. 4731

P. O. Address Ludlow, Ma

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Stoney }

State File No. 44287
Local Registrar's No. 112

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 14 day of January, 1953, before me appears R. O. Whelchel, who, upon his oath, states that the original record of ~~birth~~ death for Eula Fay Thornhill, died ~~born~~ Dec. 17, 1952, in the State of Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 8 should read Jan 3rd 1901
Instead of Jef 3rd 1901

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant R. O. Whelchel Father
Relationship.

Branson, Mo
Present Address.

Subscribed and sworn to before me this 14 day of January, 1953

My Commission expires April 14-1955. William Cook Jr. Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

1952

n V. S. 135
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