No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 10 1954

State File No. 14657

BIRTH NO. _____ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 4517 Registrar's No. 29

1. PLACE OF DEATH
a. COUNTY Taney
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ridgedale
c. LENGTH OF STAY (in this place) few minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Skagy Comm Hospt

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Arkansas
b. COUNTY Boon
c. CITY OR TOWN Harrison
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) P-O-Box 80 3 0 8

3. NAME OF DECEASED (Type or Print)
a. (First) Rose b. (Middle) Marie c. (Last) McCutcheon

4. DATE OF DEATH (Month) (Day) (Year) 5-1-54

5. SEX Female
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Aug 4. 1932
9. AGE (In years last birthday) 21. 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) Waitress
10b. KIND OF BUSINESS OR INDUSTRY Cafe
11. BIRTHPLACE (City and State or Foreign Country) Snowball Arkansas
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Ben McCutcheon
13b. MOTHER'S MAIDEN NAME Taccoa McCutcheon
14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Ben McCutcheon ADDRESS Snowball Ark

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) Skull fracture — INTERVAL BETWEEN ONSET AND DEATH 4 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Internal Injuries Car accident
DUE TO Broken arms and L. Leg. E8234 31

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Broken upper Jaw and nose.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) on Highway 65
21c. (CITY, TOWN, OR TOWNSHIP) Ridgedale (COUNTY) Taney 106 (STATE) no

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5-1-54 1015 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Car Ran off Highway 65 into Tree

22. *I hereby certify that I attended the deceased from* 5-1, 1954, *to* 5-1, 1954, *that I last saw the deceased alive on* 5-1, 1954 *and that death occurred at* 1 20 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) W.C. Magness, M.D.
23b. ADDRESS Branson MO
23c. DATE SIGNED 5-2-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 5-2-54
24c. NAME OF CEMETERY OR CREMATORY McMahon
24d. LOCATION (City, town, or county) (State) Snowball Ark.

DATE REC'D BY LOCAL REG. 5-6 54
REGISTRAR'S SIGNATURE S E Cogswell 376
25. FUNERAL DIRECTOR'S SIGNATURE R.O. Whitehead ADDRESS Branson no

(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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Minnie P. Whelchel

Licensed Embalmer No 22

P. O. Address Bremson

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.