

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39442

State File No. ....

FILED NOV 21 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 4517 Registrar's No. 86

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>STONE</u>	
b. CITY OR TOWN <u>Branson</u>	c. LENGTH OF STAY (If this place) <u>7 hrs</u>	c. CITY OR TOWN <u>Branson</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Huggs Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Rural Route 1040</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Hugo</u> b. (Middle) <u>Yane</u> c. (Last) <u>Herschend</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11-14-55</u>		
5. SEX <u>M.</u> 6. COLOR OR RACE <u>W</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1-2-1899</u> 9. AGE (In years last birthday) <u>56</u> IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Cover Operator</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Manuel Cave</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Denmark</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>

13a. FATHER'S NAME <u>Peter Herschend</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Reiker</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Herschend</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>347-016490</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Peter Herschend Branson</u> ADDRESS <u>Branson</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b)  DUE TO (c)	INTERVAL BETWEEN ONSET AND DEATH <u>7 hrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <u>4201</u>		

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) m.	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 11-14, 1955, to 11-14, 1955, that I last saw the deceased alive on 11-14, 1955, and that death occurred at 12:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Name or Title) <u>M. M. M. Branson</u>	23b. ADDRESS <u>Branson MO</u>	23c. DATE SIGNED <u>11-16-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-17-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Natch</u>	24d. LOCATION (City, town, or county) (State) <u>Branson MO</u>
DATE REC'D BY LOCAL REG. <u>11/18/55</u>	REGISTRAR'S SIGNATURE <u>Deleu Campbell</u> 514- <u>196</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Whitcheil Funeral Home</u> ADDRESS <u>Branson MO</u>	

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

NOV 23 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..... Signature of Student Embalmer

Signed *Minnie L. Wheeler*

Licensed Embalmer No. *2277*

P. O. Address *Denton*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.