

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29610**

FILED SEP 4 1956

BIRTH NO. _____ REG. DIST. NO. **352** PRIMARY REG. DIST. NO. **4517** Registrar's No. **83**

1. PLACE OF DEATH a. COUNTY Taney		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Taney	
b. CITY (If outside corporate limits write RURAL and give township) OR TOWN Branson	c. LENGTH OF STAY (in this place) 3 days	c. CITY OR TOWN Reeds Springs	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Stamps Hospital		• STREET ADDRESS (If rural, give location) Rural Rt 1060	

3. NAME OF DECEASED. (Type or Print) a. (First) Elisa b. (Middle) Rosen c. (Last) Kitchley	4. DATE OF DEATH (Month) (Day) (Year) 8-20-56
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1-20-1882	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 1 WRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Stock	11. BIRTHPLACE (City and State or Foreign Country) Oklahoma	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Willis Kitchley	13b. MOTHER'S MAIDEN NAME Betty Wachtman	14. NAME OF HUSBAND OR WIFE Erna Josephine Kitchley
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give part of date of service) no	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Erna J. Kitchley	ADDRESS Reeds Springs Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident		INTERVAL BETWEEN ONSET AND DEATH 3 days	
	ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis Cerebral			Unknown
	DUE TO (c) Arteriosclerosis, Generalized			
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 331x	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)	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 **8-17-56** to **8-20-56**, that I last saw the deceased alive on **8-20-56**, and that death occurred at **9:30 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W.C. Magness, M.P.	23b. ADDRESS Branson, Mo	23c. DATE SIGNED 8/27/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-24-56	24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Park	24d. LOCATION (City, town, or county) (State) Branson MO
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DATE REC'D BY LOCAL REG. 8/28/56	REGISTRAR'S SIGNATURE Walter Campbell	25. FUNERAL DIRECTOR'S SIGNATURE W. Hubert	ADDRESS Funeral Home Branson Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

5142

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. Whelchel*

Licensed Embalmer No. *2274*

P. O. Address *Brunson*

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.