# STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 3439

FILED JAN 28 1957

Registration District No. 352 Primary Registration District No. 4577 Registrar's No. 6

**1. PLACE OF DEATH**
a. COUNTY Taney
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Branson — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Skaggs Hospital — Length of stay in 1b 5 days

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY Taney
c. CITY OR TOWN Hollister 1060 — Inside Limits Yes ☐ No X
d. STREET ADDRESS (If outside, give location) Rural — Reside on Farm Yes X No ☐

3. NAME OF DECEASED (Type or print): First Bertha Middle Mae Last Foudray
4. DATE OF DEATH: Month 1 Day 18 Year 57
5. SEX: Female
6. COLOR OR RACE: W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐
8. DATE OF BIRTH: Dec 9 1892
9. AGE (In years last birthday): 64
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (City and state or country): State of Kansas. USA
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Elisah Cole
14. MOTHER'S MAIDEN NAME: Josephine unknown
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: Raymond Foudray — Address: Hollister Mo

**MEDICAL CERTIFICATION**

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c):]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Embolus — INTERVAL BETWEEN ONSET AND DEATH: 8 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cardio Renal Vas Reserve — 6 Mo
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 442 X
19. WAS AUTOPSY PERFORMED? YES ☐ NO X
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from July 56 to 1-18-57 and last saw her/him alive on 1-18-57
Death occurred at 6:45 AM m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) MD
22b. ADDRESS Branson Mo
22c. DATE SIGNED 1/22/57
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE 1-20-57
23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Park
23d. LOCATION (City, town, or county) (State): Branson Mo
24. FUNERAL DIRECTOR: Whitehead & Home — ADDRESS: Branson Mo
25. DATE RECD. BY LOCAL REG.: 1/24/57
26. REGISTRAR'S SIGNATURE: Helen Campbell

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature when certifying to a death due to natural causes. Coroner cannot certify to a death due to natural causes. diseases in Part I must be casually related.

AUG 11 1958

NOV 8 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Minnie L. Whelsh

Licensed Embalmer No. 227

P. O. Address Branson

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (I
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.