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...00 ...-56

...Doctor, coroner, etc. must use only standard nomenclature in item 18 for the cause of death. Coroner cannot certify to a death due to natural causes. diseases in Part I must be casually related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

...ED MAR 12 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 7262

Registration District No. 352 Primary Registration District No. 4517 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY Taney
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Branson — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Skaggs Hospital — Length of stay in 1b 2 mo

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

3. NAME OF DECEASED (Type or print) First Sylvanus Middle Henry Last Moorhouse

4. DATE OF DEATH Month Day Year 2-27-57

5. SEX Male

6. COLOR OR RACE W

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH July-4-1900

9. AGE (In years last birthday) 56 — 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) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Rock Mason

11. BIRTHPLACE (City and state or country) Michigan State

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Henry J. Moorhouse

14. MOTHER'S MAIDEN NAME unknown Helman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None — (If yes, give war or dates of service) none

16. SOCIAL SECURITY NO. 389-14-6588

17. INFORMANT Thelma Moorhouse — Address Branson Mo

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Glomerulo Nephritis — INTERVAL BETWEEN ONSET AND DEATH 5 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Essential Hypertension — 15 yrs
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 590X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 2

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 Jan 16, to 2/27-57 and last saw ~~her~~ him alive on 2-27-57
Death occurred at 7 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W C Magness, M.D.

22b. ADDRESS Branson, Mo

22c. DATE SIGNED 3/2/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 3-2-57

23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Park

23d. LOCATION (City, town, or county) Branson (State) Mo

24. FUNERAL DIRECTOR Whitchel F. Home — ADDRESS Branson Mo.

25. DATE RECD. BY LOCAL REG. 3/9/57

26. REGISTRAR'S SIGNATURE Helen Campbell

(Licensed Embalmer's Statement on Reverse Side)

14-...

MAR 13 1957
APR 30 1958
APR 11 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 Whelchel

Licensed Embalmer No. 227

P. O. Address Blanton

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