

Health, welfare, public service

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Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27779  
'57 0  
STATE SERVICE NUMBER

FILED AUG 21 1957

Registration District No. 68 Primary Registration District No. 5266 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <i>Christian</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Taney</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Ozark, Rural Highway 10</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				c. CITY OR TOWN <i>Branson 1060</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Christian Rest Home</i> Length of stay in 1b <i>3 mo.</i>				d. STREET ADDRESS (If outside, give location) <i>Rural Rt</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <i>William Edward Hauchen</i> First <i>William</i> Middle <i>Edward</i> Last <i>Hauchen</i>				4. DATE OF DEATH <i>8-13-57</i> Month <i>8</i> Day <i>13</i> Year <i>57</i>			
5. SEX <i>M</i>		6. COLOR OR RACE <i>W</i>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>11-18-1878</i>	
9. AGE (In years last birthday) <i>79</i>		IF UNDER 1 YEAR Months <i>7</i> Days <i>9</i>		IF UNDER 24 HRS. Hours <i>7</i> Min. <i>9</i>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Relief Bell Telephone Co</i>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>State of Ill</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>							
13. FATHER'S NAME <i>John W. Hauchen</i>				14. MOTHER'S MAIDEN NAME <i>Elizabeth McHally</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i> (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT <i>Madge Farrow</i> Address <i>Branson Mo</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Senile Debility</i>							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____							
DUE TO (c) _____							<i>794X</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Marked cachexia - Decubitus ulcers</i>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)				
20c. TIME OF INJURY Hour _____ Month _____ Day _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <i>Aug 2-1957</i> to _____ and last saw her alive or him <i>Aug 2-1957</i> Death occurred at <i>2:05</i> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Vincent P. Marmida, M.D.</i> ADDRESS <i>Ozark, Mo</i>						22c. DATE SIGNED <i>8/17/57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>8-13-57</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Ozark Memorial Park</i>		23d. LOCATION (City, town, or county) <i>Branson Mo</i> (State) _____	
24. FUNERAL DIRECTOR <i>Whelchel F. Hom</i> ADDRESS <i>Branson Mo</i>			25. DATE RECD. BY LOCAL REG. <i>Aug 19-1957</i>		26. REGISTRAR'S SIGNATURE <i>Lottie Leonard</i>		

(Licensed Embalmer's Statement on Reverse Side)

AUG 23 1951

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. *22*

P. O. Address *Blaine*

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.