Dr. Duncan

FILED SEP 9 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

28071

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 864

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hosp. — Length of stay in 1b: 8 Hrs.

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

3. NAME OF DECEASED (Type or print): First EFTON Middle SEAMAN Last WHITE

4. DATE OF DEATH: Month Sept. Day 2 Year 1957

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Sept. 30 1888
9. AGE (In years last birthday): 68 — 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): Upholsterer
10b. KIND OF BUSINESS OR INDUSTRY: Furniture Repair
11. BIRTHPLACE (City and state or country): Stone Co. Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Grant White
14. MOTHER'S MAIDEN NAME: Dovie Oliver

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 499-16-3757A
17. INFORMANT: Mrs. Frank Willey Address: Branson, 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) Traumatic Shock
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral Concussion + multiple rib fractures — INTERVAL BETWEEN ONSET AND DEATH: 10 hrs.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

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.)
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 9-2-57 to 9-2-57 and last saw her/him alive on 9-2-57
Death occurred at 4:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: R. D. Duncan (Degree or title) M.D
22b. ADDRESS: Springfield, MO
22c. DATE SIGNED: 9/8/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 9/4/57
23c. NAME OF CEMETERY OR CREMATORY: Lewellen Cemetery
23d. LOCATION (City, town, or county) (State): Branson, Mo.

24. FUNERAL DIRECTOR ADDRESS: Welchel Funeral Home Branson, Mo.
25. DATE RECD. BY LOCAL REG.: 9-3-57
26. REGISTRAR'S SIGNATURE: Earl Williams

(Licensed Embalmer's Statement on Reverse Side)

SEP 12 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. I. McCann

Licensed Embalmer No. 27

P. O. Address Springf

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.