

FILED DEC 9 - 1957

STANDARD CERTIFICATE OF DEATH

43243

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>352</u>		PRIMARY REG. DIST. NO. <u>4517</u>		Registrar's No. <u>98</u>				
1. PLACE OF DEATH a. COUNTY <u>Taney</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u>				b. COUNTY <u>Taney</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Branson</u>		c. LENGTH OF STAY (in this place) <u>Few min</u>		c. CITY OR TOWN <u>Kirkville</u>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Skaggs Hspt.</u>				e. STREET ADDRESS (If rural, give location) <u>Rural Rt 106^o</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>POHLY</u>			b. (Middle) <u>None</u>			c. (Last) <u>FOTT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11-26-57</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>May-2-1880</u>		9. AGE (In years last birthday) <u>77</u> If UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____		
10a. USUAL OCCUPATION (give kind of work during most of working life, even if retired) <u>Homemaker</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>West Plains Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>James O'Wingstone</u>			13b. MOTHER'S MAIDEN NAME <u>Reed</u>			14. NAME OF HUSBAND OR WIFE <u>Desmond</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charley Reed</u>				ADDRESS <u>Kirkville MO</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						10 yrs. yrs.		
		DUE TO (b) <u>Hypertension Essential</u>								
		DUE TO (c) <u>Generalized arterioscler</u>								
19a. DATE OF OPERATION		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
		19b. MAJOR FINDINGS OF OPERATION								
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) <u>4201</u>		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
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?						
22. I hereby certify that I attended the deceased from <u>Nov. 4, 1952</u> , to <u>11-26, 1957</u> , that I last saw the deceased alive on <u>11-26, 1957</u> , and that death occurred at <u>7:09 p.m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) <u>W.C. Magner, M.D.</u>				23b. ADDRESS <u>Branson, Mo.</u>		23c. DATE SIGNED <u>11-27-57</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-29-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>John Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Branson MO</u>				
DATE REC'D BY LOCAL REG. <u>12-4-57</u>		REGISTRAR'S SIGNATURE <u>Deleu Campbell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Whelchel F. Home</u>		ADDRESS <u>Branson MO</u>				

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

514

MS
SEP 20 1960

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. Wheelchel*.....

Licensed Embalmer No. *2277*.....

P. O. Address *Branson, Mo.*

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.