

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-012930

STATE FILE NUMBER

FILED MAR 25 1958

Registration District No. 352 Primary Registration District No. 6190 Registrar's No. 15

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 1060</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Branson</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Branson</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St Regis Hosp</u>		Length of stay in 1b <u>50d.</u>	d. STREET ADDRESS (If outside, give location) <u>148 Hwy -</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Josephine Marie Jones</u>			4. DATE OF DEATH Month Day Year <u>3-9-58</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>11-24-1879</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 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 country) <u>Walker, Georgia</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
12a. FATHER'S NAME <u>William Foster</u>		13. MOTHER'S MAIDEN NAME <u>Edith Jane Pool</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 <u>Ted Johnson</u> Address <u>Branson MO</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>arteriosclerotic cerebral vascular disease</u> DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) <u>334X</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u> <u>10 yrs.</u>
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, Year a.m. p.m.			<u>2</u>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 <u>2-2-58</u> to <u>3-9-58</u> and last saw her alive on <u>3-9-58</u> Death occurred at <u>7:00 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Joe D. Bennett M.D.</u>			22b. ADDRESS <u>Branson, Mo.</u>		22c. DATE SIGNED <u>3-9-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>3-9-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Birta</u>		23d. LOCATION (City, town, or county) (State) <u>Birta Arkansas</u>
24. FUNERAL DIRECTOR <u>Lawrence F. Home</u>		ADDRESS <u>Russellville Ark.</u>	25. DATE RECD. BY LOCAL REG. <u>3-17-58</u>		26. REGISTRAR'S SIGNATURE <u>Helene Campbell</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MAY 12 1958

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. Welch*

Licensed Embalmer No. *2277*

P. O. Address *Blair, Pa.*

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.