

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-020667

STATE FILE NUMBER

FILED JUN 9 1958 Registration District No. 357 Primary Registration District No. 6190 Registrar's No. 37

|  |                              |   |  |  |  |
|--|------------------------------|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Taney</u>  |                              |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>MO</u> b. COUNTY <u>Taney</u> |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Branson</u>  |                              | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | c. CITY OR TOWN <u>Branson</u> <sup>1060</sup>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>           |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Home</u>   |                              | Length of stay in <u>months</u>   | d. STREET ADDRESS (If outside, give location) <u>Rural Rt</u>  |  | Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>          |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><u>Fronia Marie Layton</u>   |                              |   | 4. DATE OF DEATH<br>Month Day Year<br><u>6-2-58</u>  |  |  |
| 5. SEX<br><u>Female</u>  | 6. COLOR OR RACE<br><u>W</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>1-25-1867</u>   | 9. AGE (In years last birthday)<br><u>91</u>         | IF UNDER 1 YEAR<br>Months Days Hours Min.<br><u>5</u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Home maker</u>   |                              | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>None</u>  | 11. BIRTHPLACE (City and state or country)<br><u>Madison Co Ark, U.S.</u>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.</u>  |
| 13a. FATHER'S NAME<br><u>Randolph Wharton</u>  |                              | 13b. MOTHER'S MAIDEN NAME<br><u>Sarah Ballenger</u>   |  | 14. NAME OF HUSBAND OR WIFE<br><u>Deane</u>          |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>  |                              | 16. SOCIAL SECURITY NO.<br><u>None</u>  |  | 17. INFORMANT<br><u>Lorrie Layton Branson Mo.</u>    |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Broncho Pneumonia</u><br>DUE TO (b) <u>Pall Binding Chest</u><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>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<br><u>4 days</u><br><u>6 days</u><br><u>9049</u><br><u>45</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<br>Hour Month, Day, Year<br>a.m. p.m.  |                              |   |  |  |  |
| 20d. INJURY OCCURRED WHILE AT <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 <u>106</u> COUNTY STATE |  |
| 21. I attended the deceased from <u>5-25-58</u> to <u>6-2-58</u> and last saw her alive on <u>6-1-58</u><br>Death occurred at <u>130</u> A m on the date stated above; and to the best of my knowledge, from the causes stated.  |                              |   |  |  |  |
| 22a. SIGNATURE<br><u>J. Rubin MD</u> (Degree or title)   |                              |   | 22b. ADDRESS<br><u>Branson MO</u>  |  | 22c. DATE SIGNED<br><u>6-5-58</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Buried</u>   |                              | 23b. DATE<br><u>6-4-58</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Pittenhams Cemetery Hollister Mo</u>  |  | 23d. LOCATION (City, town, or county) (State)  |
| 24. FUNERAL DIRECTOR<br><u>Whelchel Funeral Home</u><br><u>Branson Mo</u>  |                              | ADDRESS   | 25. DATE RECD. BY LOCAL REG.<br><u>6-7-58</u>  | 26. REGISTRAR'S SIGNATURE<br><u>Helen Campbell</u>   |  |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 S. Wheeler* .....

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

P. O. Address *Blairton* .....

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.