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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-031510
STATE FILE NUMBER

FILED AUG 19 1958

Registration District No. 352 Primary Registration District No. 6190 Registrar's No. 64

1. PLACE OF DEATH
a. COUNTY: TANEY
b. CITY OR TOWN: BRANSON — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): LAKE TANEYCOMO — Length of stay in Ib: 1 day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: STONE
c. CITY OR TOWN: BILLINGS 1640 C — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): BILLINGS — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Robert Middle: Thomas Last: Wright

4. DATE OF DEATH: Month: Aug Day: 9 Year: 1958

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐
8. DATE OF BIRTH: Oct 13 1909
9. AGE (In years last birthday): 48 — IF UNDER 1 YEAR: Months: 9 Days: 26 — IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Public Worker
10b. KIND OF BUSINESS OR INDUSTRY: Carpenter
11. BIRTHPLACE (City and state or country): Missouri 0
12. CITIZEN OF WHAT COUNTRY? U. S. A

13a. FATHER'S NAME: Henry Wright
13b. MOTHER'S MAIDEN NAME: Ethel Hays
14. NAME OF HUSBAND OR WIFE: deceased

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 519-03-6318
17. INFORMANT: Mrs Gayle Edmondson Address: Kan City Ks

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): Accidental drowning — INTERVAL BETWEEN ONSET AND DEATH: instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): boat overturned in Lake
DUE TO (c): Taney Como 6 miles south of Branson
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 850X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): boat overturned in swift water
20c. TIME OF INJURY: Hour p.m. Month, Day, Year: 8-9-58 below Table Rock dam site 1064
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.): Lake Taneycomo
20f. CITY, TOWN, OR LOCATION: Branson COUNTY: Taney STATE: Mo

21. I attended the deceased from 8-10-58, to 8-10-58 and last saw him alive on 8-10-58
Death occurred at 8-9-58 in P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Helen Campbell, Local Registrar
22b. ADDRESS: Branson, Mo.
22c. DATE SIGNED: 8-14-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8-13-58
23c. NAME OF CEMETERY OR CREMATORY: Masonic Cemetery
23d. LOCATION (City, town, or county) (State): Crane Mo

24. FUNERAL DIRECTOR ADDRESS: Harris Funeral Home, Clever Mo
25. DATE RECD. BY LOCAL REG.: 8-14-58
26. REGISTRAR'S SIGNATURE: Helen Campbell

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

AUG 27 19

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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 Winnie L. Mulchel

Licensed Embalmer No. 2277

P. O. Address Branson

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.