

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043037

STATE FILE NUMBER

FILED DEC 9 1958

Registration District No. 352 Primary Registration District No. 4517 Registrar's No. 100

300
1-57

1. PLACE OF DEATH a. COUNTY <i>Taney</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Taney</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Branson</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Branson</i> <i>1660</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Skaggs Hosp.</i>		Length of stay in lb <i>1 day</i>	d. STREET ADDRESS (If outside, give location) <i>315 Pacific St</i>		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Minnie</i> Middle <i>Arde</i> Last <i>St Clair</i>			4. DATE OF DEATH Month <i>NOV.</i> Day <i>24</i> Year <i>1958</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Sept. 8, 1881</i>	9. AGE (In years last birthday) <i>77</i>	10. F UNDER 1 YEAR Months <i>2</i> Days <i>16</i> Hours <i></i> Min. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Laundry</i>		11. BIRTHPLACE (City and state or country) <i>Ill.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>		13a. FATHER'S NAME <i>Unknown</i>		13b. MOTHER'S MAIDEN NAME <i>Idasia Warmington</i>	
14. NAME OF HUSBAND OR WIFE <i></i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i></i>		16. SOCIAL SECURITY NO. <i>496-30-3288</i>	
17. INFORMANT <i>St. Clair</i>		Address <i>Branson, Mo</i>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Coronary Thrombosis</i> DUE TO (b) <i>Arteriosclerosis Generalized</i> DUE TO (c) <i>Hypertension Essential</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>4201</i>	
INTERVAL BETWEEN ONSET AND DEATH <i>2 hrs.</i> <i> yrs.</i> <i> yrs.</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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.) <i></i>		20c. TIME OF INJURY Hour <i></i> Month, Day, Year a.m. <i></i> p.m. <i></i>		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.) <i></i>		20f. CITY, TOWN, OR LOCATION <i>Branson, Mo</i>		COUNTY <i>Taney</i> STATE <i>MO</i>	
21. I attended the deceased from <i>Nov 26-58</i> to <i>Nov. 24, '58</i> and last saw him alive on <i>11-24-58</i> Death occurred at <i>11:40 pm</i> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <i>W.C. Magner, M.D.</i>		22b. ADDRESS <i>Branson, Mo.</i>	
22c. DATE SIGNED <i>11/29/58</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>11-29-58</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Branson Cemetery</i>		23d. LOCATION (City, town, or county) <i>Branson, Mo</i>		24. FUNERAL DIRECTOR <i>Wheeler Funeral Chapel Branson Mo</i>	
25. DATE RECD. BY LOCAL REG. <i>12-1-58</i>		26. REGISTRAR'S SIGNATURE <i>Helene Campbell</i>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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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 *Walter L. Case*

Licensed Embalmer No. *4731*

P. O. Address *London, Md*

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.