

FILED APR 21 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016492

STATE FILE NUMBER

Registration District No. 357 Primary Registration District No. _____ Registrar's No. 37300
-57

1. PLACE OF DEATH a. COUNTY <u>TANEY</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>TANEY</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BRANSON</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Hollister</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Skaggs Hosp.</u>		Length of stay in lb <u>1 WK</u>	d. STREET ADDRESS (If outside, give location) <u>HOLLISTER</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>William HENRY HASKETT</u>			4. DATE OF DEATH Month Day Year <u>April 7, 1959</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MAY 11, 1877</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months Days Hours Min. <u>10 26</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labourer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Public WORKER</u>	11. BIRTHPLACE (City and state or country) <u>ARK.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>Joe HASKETT</u>		13b. MOTHER'S MAIDEN NAME <u>MARY Sheppard</u>		14. NAME OF HUSBAND OR WIFE <u>Alice HASKETT</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT Address <u>Mrs Alice HASKETT Hollister, 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 Heart Disease</u> <u>Generalized arteriosclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ 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>5 yrs</u> <u>2 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.) <u>4200</u>		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 COUNTY STATE	
21. I attended the deceased from <u>July 1959</u> to <u>4-7-59</u> and last saw her/him alive on <u>4-7-59</u> Death occurred at <u>4-7-59</u> <u>11:40 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>W.C. Magner, M.D.</u>			22b. ADDRESS <u>Branson, Mo</u>		22c. DATE SIGNED <u>4.9.59.</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>4-9-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Branson Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Branson Mo</u>
24. FUNERAL DIRECTOR <u>Wheeler Chapel Branson, Mo</u>		ADDRESS	25. DATE RECD. BY LOCAL REG. <u>4-14-59</u>		26. REGISTRAR'S SIGNATURE <u>Helen Campbell</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

AUG 18 1959

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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 S. Cobb*

Licensed Embalmer No. *4731*

P. O. Address *Sanford, N.C.*

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.