

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023865

STATE FILE NUMBER

FILED JUL 14 1959

Registration District No. 352

Primary Registration District No. _____

Registrar's No. 66

1. PLACE OF DEATH a. COUNTY Taney			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Taney		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Highway 148		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Branson		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION home		Length of stay in 1b 2 weeks	1066 d. STREET ADDRESS (If outside, give location) Highway 148		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM JACOB COMPTON			4. DATE OF DEATH Month Day Year June 29, 1959		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 1, 1895	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months 11 Days 28 IF UNDER 24 MRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY Brewer employee		11. BIRTHPLACE (City and state or country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William Compton		13b. MOTHER'S MAIDEN NAME Mary Kohe	
14. NAME OF HUSBAND OR WIFE Helen Compton		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. 490-01-8410	
17. INFORMANT Mrs Helen Compton		Address Branson, Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Thrombosis					INTERVAL BETWEEN ONSET AND DEATH Sudden
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)					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.) 4201		
20c. TIME OF INJURY Hour _____ 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 COUNTY STATE	
21. I attended the deceased from June 12/ 1959 to June 24-59 and last saw him alive on June 28-59 Death occurred at 10:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) W.C. Maynes, M.D.		22b. ADDRESS Branson, Mo	
22c. DATE SIGNED 6-29-59		23a. BURIAL, CREMATION, REMOVAL (Specify if any) burial		23b. DATE 7-1-59	
23c. NAME OF CEMETERY OR CREMATORY Ozark Mem. Park Cem.		23d. LOCATION (City, town, or country) Branson, Mo		(State)	
24. FUNERAL DIRECTOR W.S. Cole		ADDRESS Branson, Mo		25. DATE RECD. BY LOCAL REG. 7/6/59	
26. REGISTRAR'S SIGNATURE Helen Campbell					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Secretary, however, etc., must use only standard nomenclature in item 18. All diseases in Part I must be causally related.

300
1-57

7/13/71

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. Gole

Licensed Embalmer No. 4731

P. O. Address Blaurow, M

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.