

R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-023869

FILED JUL 14 1959

Registration District No. 352 Primary Registration District No. _____ Registrar's No. 68

STATE FILE NUMBER

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) Branson		Length of stay in 1b 9 years		c. CITY OR TOWN Branson		Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION home highway 65			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) rural		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First LEE Middle ORR Last ORR				4. DATE OF DEATH Month July Day 4 Year 1959					
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3-8-1880	9. AGE (last birthday) 79		IF UNDER 1 YEAR Months 3 Days 26	IF UNDER 24 HR 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 housewife		11. BIRTHPLACE (City and state or country) Tenn.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Marvin Ray			13b. MOTHER'S MAIDEN NAME Mary Wortham			14. NAME OF HUSBAND OR WIFE deceased			
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. 495-24-3894 A		17. INFORMANT Address 3111 E. 14th St Mrs Lommie Villings Kansas City, Mo				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease DUE TO (b) Generalized arteriosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 2 mos. yes.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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.)					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <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 July 1958 to July 4-59 and last saw her alive on July 1-59 Death occurred at 12³⁰ 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. Wagner M.D.				22b. ADDRESS Branson, Mo.				22c. DATE SIGNED 7-6-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 7-5-59	23c. NAME OF CEMETERY OR CREMATORY Eissenhour Cemetery Reed Springs, Mo			23d. LOCATION (City, town, or county) Reed Springs, Mo		(State)	
24. FUNERAL DIRECTOR Whelchel Chapel Branson, Mo				25. DATE REC'D. BY LOCAL REG. 7/7/59		26. REGISTRAR'S SIGNATURE Helen Campbell			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 14 1959

1959 AUG 4

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Walter S. Cobb

Licensed Embalmer No. 473

P. O. Address Brown

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.