

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-027867

Magnes FILED VS JUL 27 1959

Registration District No. 352 Primary Registration District No. Registrar's No. 72

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Taney</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Taney</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Branson</b>		Length of stay in 1b <b>years</b>		c. CITY OR TOWN <b>Branson</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>home</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>119 N. 5th St.</b>	
3. NAME OF DECEASED (Type or print) First <b>JOHN</b> Middle <b>EARL</b> Last <b>CHASE Sr</b>				4. DATE OF DEATH Month <b>July</b> Day <b>14</b> Year <b>1959</b>			
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 28, 1878</b>	9. AGE (last birthday) <b>81</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>16</b>	IF UNDER 24 HR Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>minister</b>		11. BIRTHPLACE (City and state or country) <b>Minn.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Benjamin Chase</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Holmes</b>		14. NAME OF HUSBAND OR WIFE <b>deceased</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (if yes, give war or dates of service) <b>yes WW1</b>		16. SOCIAL SECURITY NO. <b>500-36-9080</b>		17. INFORMANT <b>John Earl Chase Branson, Mo</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Uremia</b>						INTERVAL BETWEEN ONSET AND DEATH <b>3 mo.</b>	
DUE TO (b) <b>Nephrosclerosis</b>						<b>4 yrs.</b>	
DUE TO (c) <b>arteriosclerosis Generalized</b>						<b>4 yrs.</b>	
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 <b></b> a.m. <b></b> p.m. <b></b>		Month, Day, Year <b></b>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <b>May '51</b> to <b>7-14-59</b> and last saw <sup>her</sup> him alive on <b>7-14-59</b> Death occurred at <b>7-14-59</b> <b>6:30</b> <sup>PM</sup> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>W.C. Magnes, M.D.</b> (Degree or title)				22b. ADDRESS <b>Branson, Mo.</b>		22c. DATE SIGNED <b>7.22.59</b> (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>7-16-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Ozark Mem. Park Cem.</b>		23d. LOCATION (City, town, or county) <b>Branson, Mo</b>			
24. FUNERAL DIRECTOR <b>Wheeler Chapel Branson Mo</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>7-23-59</b>		26. REGISTRAR'S SIGNATURE <b>Helen Campbell</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

*Bramon*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.