

FILED VS AUG 4 1959

Registration District No. 352 Primary Registration District No. \_\_\_\_\_ Registrar's No. 76

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) <b>Branson</b>		Length of stay in 1b <b>1 day</b>		c. CITY OR TOWN <b>Protom</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
c. FULL NAME OF DECEASED (If NOT in hospital, give location) <b>5 miles N. Branson on Highway 65</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Buck Creek Village</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <b>CARROL</b> Middle <b>LOYD</b> Last <b>CHURCH</b>				4. DATE OF DEATH Month <b>July</b> Day <b>26</b> Year <b>1959</b>						
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>12-21-33</b>	9. AGE (last birthday) <b>25</b>		IF UNDER 1 YEAR Months <b>7</b> Days <b>5</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>Aviation</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>flying</b>		11. BIRTHPLACE (City and state or country) <b>Dodge City, Kansas</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>			
13a. FATHER'S NAME <b>Loyd Church</b>			13b. MOTHER'S MAIDEN NAME <b>Myrtle Canady</b>			14. NAME OF HUSBAND OR WIFE <b>Jo Ann Church</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes Korean</b>			16. SOCIAL SECURITY NO. <b>524-38-1552</b>		17. INFORMANT <b>Loyd Church Box 244 Minneola, Kansas</b>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (a) <b>Skull fracture &amp; broken neck</b>							<b>instant</b>			
DUE TO (b) <b>Plane crash</b>										
DUE TO (c) <b>unknown</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 checked="" 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.) <b>plane crash</b>						
20c. TIME OF INJURY Hour <b>12:30 am</b> Month, Day, Year <b>7-26-59</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.) <b>5 miles N. Branson</b>		20f. CITY, TOWN, OR LOCATION <b>Branson</b>		COUNTY <b>Taney</b>	STATE <b>Missouri</b>
21. I attended the deceased from <b>none</b> to <b>none</b> and last saw her/him alive on <b>none</b> Death occurred at <b>12:30 AM</b> m on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE <i>Helen Campbell, Poed Registrar</i>				22b. ADDRESS <b>Branson, Missouri</b>				22c. DATE SIGNED <b>7-29-59</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>7-29-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Minneola Cemetery</b>		23d. LOCATION (City, town, or county) <b>Minneola, Kansas</b>			(State)		
24. FUNERAL DIRECTOR <b>Whelchel Chapel Branson, Mo</b>				25. DATE RECD. BY LOCAL REG. <b>7-31-59</b>		26. REGISTRAR'S SIGNATURE <i>Helen Campbell</i>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1959 AUG 5

AUG 24 1959

MS JUL 26 1959

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. Cobble

Licensed Embalmer No. 473

P. O. Address Longth

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.