

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-027871

FILED VS AUG 4 1959

Registration District No. 252 Primary Registration District No. _____ Registrar's No. 75

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) OR TOWN Rockaway Beach		Length of stay in 1b 1 day		c. CITY OR TOWN Rockaway Beach		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION hotel room			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS Rockaway Beach		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Baby Middle Long Last _____				4. DATE OF DEATH Month July Day 13 Year 1959					
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7-13-59	9. AGE (last birthday) 0		IF UNDER 1 YEAR Months 0 Days 1 Hours 1 Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none			10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME unknown			13b. MOTHER'S MAIDEN NAME Deloris Long			14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none		17. INFORMANT Deloris Long Forsyth, Mo Address _____				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxia (loss of blood)							INTERVAL BETWEEN ONSET AND DEATH instant		
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) Massive postnatal hemorrhage-umbilical						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 checked="" type="checkbox"/> NO <input 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.) baby was found in hotel room wrapped in cloths and sheets.						
20c. TIME OF INJURY Hour 12:30 a.m. ## Month, Day, Year 7-13-59	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) hotel room							20f. CITY, TOWN, OR LOCATION Rockaway Beach, Mo	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21. I attended the deceased from unattended by a doctor and last saw her/him alive on _____ Death occurred at 12:30 am on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Walter S. Cobb Coroner				22b. ADDRESS Branson, Mo				22c. DATE SIGNED 7-23-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 7-17-59	23c. NAME OF CEMETERY OR CREMATORY Forsyth Cemetery			23d. LOCATION (City, town, or county) (State) Forsyth, Mo			
24. FUNERAL DIRECTOR W.S. Cobb ADDRESS Branson, Mo				25. DATE RECD. BY LOCAL REG. 7-31-59		26. REGISTRAR'S SIGNATURE Helen Campbell			

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 was not embalmed, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Walter S. Cobb

Licensed Embalmer No. 4731

P. O. Address Branon

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.