DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS AUG 17 1959

59-031233
STATE FILE NUMBER

Registration District No. 352 Primary Registration District No. _____ Registrar's No. 80

1. PLACE OF DEATH
a. COUNTY: Taney
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Branson — Length of stay in 1b: 4 weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Skaggs Mem. Hosp. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Christian
c. CITY OR TOWN: Garrison — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 3 miles East — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: KENNETH Middle: WELDON Last: CASE

4. DATE OF DEATH Month: July Day: 8 Year: 1959

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 2/10/1928

9. AGE (last birthday): 31 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: - - -

11. BIRTHPLACE (City and state or country): Garrison, Missouri

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Truman Case

13b. MOTHER'S MAIDEN NAME: Walba Alexander

14. NAME OF HUSBAND OR WIFE: Juanita Marie Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): - - -

16. SOCIAL SECURITY NO.: 518 40 4696

17. INFORMANT Address: Mrs. Juanita Case, Garrison, Mo.

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)	Brain Tumor, (with quadriplegia)	2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. — DUE TO (b)	→ Astrocytoma	11 mos.
DUE TO (c)		

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

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 ☐ NOT WHILE AT WORK ☐

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 '58, to July 8, 59 and last saw ~~the~~ him alive on 7-8-59

Death occurred at 2:25 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W. C. Magnes, M.D.

22b. ADDRESS: Branson Mo.

22c. DATE SIGNED: 7.30.59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 7-11-1959

23c. NAME OF CEMETERY OR CREMATORY: Garrison Cemetery

23d. LOCATION (City, town, or county) (State): Garrison, Missouri

24. FUNERAL DIRECTOR: Gleon Harris, ADDRESS: Clever, Mo.

25. DATE RECD. BY LOCAL REG.: 8/10/59

26. REGISTRAR'S SIGNATURE: Helen Campbell

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

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_____ Signed Jhean Harris

Signature of Student Embalmer

Licensed Embalmer No. 4390

P. O. Address Clever, Mo.

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