

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031234

STATE FILE NUMBER

Registration District No. 352 FILED VS SEP 15 1959 Primary Registration District No. _____ Registrar's No. 91

DED

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 Branson		Length of stay in 1b 6 hours		c. CITY OR TOWN Protom		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Skaggs Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) rural			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First DONALD Middle DEE Last CLARK				4. DATE OF DEATH Month Sept. Day 5 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 12-4-1938	9. AGE (last birthday) 20	IF UNDER 1 YEAR Months 9 Days 1	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction			10b. KIND OF BUSINESS OR INDUSTRY road		11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Clarence Clark			13b. MOTHER'S MAIDEN NAME Lola Deckard			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 none			16. SOCIAL SECURITY NO. 491-144-0661		17. INFORMANT Clarence Clark Protom, 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) Cerebral Contusion DUE TO (b) Inter-cranial Hemorrhage. DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture of Tibia + Fibulae					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 16.) Automobile Accident					
20c. TIME OF INJURY Hour 3 p.m. Month, Day, Year 9/5/59	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.) on Highway 160		20f. CITY, TOWN, OR LOCATION Near Olie		COUNTY BOYARK	STATE MO
21. I attended the deceased from 9/5/59 to 9/5/59 and last saw him alive on 9/5/59 Death occurred at 9:55 P on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Roy Williams md (Degree or title)				22b. ADDRESS Branson Mo		22c. DATE SIGNED 9/9/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 9-8-59	23c. NAME OF CEMETERY OR CREMATORY Wolf Cemetery		23d. LOCATION (City, town, or county) Protom, Mo		STATE (State)	
24. FUNERAL DIRECTOR Forsyth Funeral Home, Forsyth, Mo ADDRESS			25. DATE RECD. BY LOCAL REG. 9/10/59		26. REGISTRAR'S SIGNATURE Deleu Campbell		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MISSISSAUGA CSA

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. 4531

P. O. Address Peasnow

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.