

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031760

ED VS OCT 14 1959

Registration District No. 68 Primary Registration District No. 5266 Registrar's No. 22

STATE FILE NUMBER

|  |  |  |  |  |  |   |       |
|--|--|--|--|--|--|---|-------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Christian</b>  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Taney</b> |  |   |       |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Ozark <i>Taney Tp.</i></b>  |  | Length of stay in lb <b>4 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>Christian Rest Home</b>   |  |  |  | d. STREET ADDRESS (If outside, give location) <b>Branson</b>   |  | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |       |
| 3. NAME OF DECEASED (Type or print)<br>First <b>ELIZEBETH</b> Middle <b>LARSON</b> Last  |  |  |  | 4. DATE OF DEATH<br>Month <b>Sept.</b> Day <b>6</b> Year <b>1959</b>   |  |   |       |
| 5. SEX <b>female</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>1878</b>                                   | 9. AGE (last birthday) <b>81</b>   |  | IF UNDER 1 YEAR IF UNDER 24 HR<br>Months Days Hours Min.  |       |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>unknown</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>unknown</b>   |  | 11. BIRTHPLACE (City and state or country) <b>unknown</b>  |  | 12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>   |       |
| 13a. FATHER'S NAME <b>unknown</b>  |  |  | 13b. MOTHER'S MAIDEN NAME <b>unknown</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>no none</b>  |  | 16. SOCIAL SECURITY NO. <b>none</b>  |  | 17. INFORMANT <b>Taney Co. Welfare Office, Forsyth, Mo</b><br>Address  |  |   |       |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Apoplexy R't hemiplegia</b>   |  |  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH <b>8 day</b>   |       |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Cerebral thrombus</b>  |  |  |  |  |  |   |       |
| DUE TO (c) <b>Arteriosclærosis &amp; hypotension</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.<br><input type="checkbox"/> Yes <input checked="" 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 15.)   |  |   |       |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m. p.m.  |  |  |  |  |  |   |       |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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>8/28/59</b> to <b>death</b> and last saw her <b>alive</b> on <b>8/28/59</b><br>Death occurred at <b>2:30 am</b> on the date stated above, and to the best of my knowledge, from the causes stated. |  |  |  |  |  |   |       |
| 22a. SIGNATURE <b><i>Paula F. Wilson</i></b> (Degree or title)   |  |  |  | 22b. ADDRESS <b>Nixa, Mo.</b>  |  | 22c. DATE SIGNED <b>9/25/59</b>   |       |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>  |  | 23b. DATE <b>9-11-59</b>   | 23c. NAME OF CEMETERY OR CREMATORY <b>Ozark Mem. Park Cem.</b> |  | 23d. LOCATION (City, town, or county) (State) <b>Branson, Mo</b> |   |       |
| 24. FUNERAL DIRECTOR <b>Whelchel Chapel, Branson, Mo</b> ADDRESS   |  |  |  | 25. DATE RECD. BY LOCAL REG. <b>Oct. 1-1959</b>  |  | 26. REGISTRAR'S SIGNATURE <b><i>Luetta Leonard</i></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. Jones

Licensed Embalmer No. 473

P. O. Address Branford

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.