URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 22 1959

59–034931
STATE FILE NUMBER

ENDED

Registration District No. 352 Primary Registration District No. _____ Registrar's No. 93

1. PLACE OF DEATH
a. COUNTY: Taney County
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Forsyth — Length of stay in 1b: 2 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Bull Shoals Lake — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Greene
c. CITY OR TOWN: Springfield — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 717 South Douglas — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: WALTER Middle: HAMILTON Last: BLOUNT SR,

4. DATE OF DEATH: Month: September Day: 5, Year: 1959

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 8/16/1876
9. AGE (last birthday): 83
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): Retired Grocer
10b. KIND OF BUSINESS OR INDUSTRY: Grocery
11. BIRTHPLACE (City and state or country): Greene Co. Missouri
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: James Salter
13b. MOTHER'S MAIDEN NAME: Mary Hayden
14. NAME OF HUSBAND OR WIFE: Florence Mabel Blount

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: Walter H. Blount Jr. Address: Springfield, MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): drowning
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): accidental
DUE TO (c): _____
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)
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.) found Body in Lake
20c. TIME OF INJURY: Unknown Hour a.m. p.m. Month, Day, Year: 9-5-59
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.): Bull Shoals Lake
20f. CITY, TOWN, OR LOCATION: Forsyth COUNTY: Taney STATE: MO

21. I attended the deceased from 9-7-59, to 9-7-59 and last saw him alive on Unknown
Death occurred at Unknown m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Walter S. Cobb (Degree or title) Coroner
22b. ADDRESS: Branson Mo
22c. DATE SIGNED: 9-17-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 9/7/1959
23c. NAME OF CEMETERY OR CREMATORY: _____
23d. LOCATION (City, town, or county) (State): Springfield, Missouri

24. FUNERAL DIRECTOR: Ayre-Goodwin ADDRESS: Springfield, Missouri
25. DATE RECD. BY LOCAL REG.: 9-19-59
26. REGISTRAR'S SIGNATURE: Helen Campbell

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

SEP 8 2 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 me

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Body Was not embalmed
Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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