

FEDERAL BUREAU OF INVESTIGATION
FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-038670

STATE FILE NUMBER

Registration District No. 252 Primary Registration District No. _____ Registrar's No. 101

ENDED

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 Forsyth		Length of stay in 1b 1 years	c. CITY OR TOWN Forsyth Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Lakeview rest Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (if outside, give location) Lakeview Rest Home Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First THADDEUS Middle HERNDON Last BROTHERTON			4. DATE OF DEATH Oct. 3, 1959 Month Day Year		
5. SEX male	6. COLOR OR RACE whiye	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-26-1873	9. AGE (last birthday) 85	IF UNDER 1 YEAR IF UNDER 24 HR Months 10 Days 7 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY Postal Worker	11. BIRTHPLACE (City and state or country) Virginia		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Lyle Brotherton		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Mrs Mildred Holman Branson, 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)	Coronary Occlusion	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerosis DUE TO (c) Senility	

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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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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 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			

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.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from 5-5-57 to 10-3-59 and last saw her/him alive on 10-3-59 . Death occurred at 11:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) Mary King, D.O.	22b. ADDRESS Forsyth, Mo.	22c. DATE SIGNED 10-28-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 10-5-59	23c. NAME OF CEMETERY OR CREMATORY Ozark Mem. Park Cem.	23d. LOCATION (City, town, or county) Branson, Mo (State)
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24. FUNERAL DIRECTOR Whelchel Chapel Branson, Mo	25. DATE RECD. BY LOCAL REG. 10-30-59	26. REGISTRAR'S SIGNATURE Steve Campbell
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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. Cobb

Licensed Embalmer No. 4731

P. O. Address Bronx N.Y.

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.