

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-038672

FILED VS OCT 26 1959 352

STATE FILE NUMBER

Registration District No. 352 Primary Registration District No. Registrars No. 99

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 Branson		Length of stay in 1b 2 weeks		c. CITY OR TOWN Branson		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Skaggs Hosp.			Inside Limits Y <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 606 Kingsway Drive		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First WALTER Middle STOKLEY Last STARK			4. DATE OF DEATH Month Oct. Day 13 Year 1959					
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Mar. 4, 1891	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months 7 Days 9 Hours Min. 	IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired baker		10b. KIND OF BUSINESS OR INDUSTRY Bakery		11. BIRTHPLACE (City and state or country) Indiana		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Henry Stark			13b. MOTHER'S MAIDEN NAME Ann Gray			14. NAME OF HUSBAND OR WIFE Marion Stark		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WWI		16. SOCIAL SECURITY NO. 490-16-8616		17. INFORMANT Address Marion Stark 606 Kingsway, Branson, Mo				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart disease						INTERVAL BETWEEN ONSET AND DEATH 2 mo.		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis						4 yr.		
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. <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 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 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 Sept 7th 1959 to Oct 13, 59 and last saw ^{him} alive on Oct 13, 59 Death occurred at 7th 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. Magnus, M.D.				22b. ADDRESS Branson, Mo		22c. DATE SIGNED 10/24/59		
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 10-15-59	23c. NAME OF CEMETERY OR CREMATORY Ozark Mem. Park Cem.		23d. LOCATION (City, town, or county) Branson, Mo			
24. FUNERAL DIRECTOR Whelchel Chapel, Branson, Mo				25. DATE RECD. BY LOCAL REG. 10-24-59		26. REGISTRAR'S SIGNATURE Reuben Campbell		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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1960
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed (by n

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 Bismarck

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.