JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-009556
STATE FILE NUMBER

Dr Aubin
Registration District No. 352 Primary Registration District No. _____ Registrar's No. 11

ENDED FILED VS FEB 23 1960

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: 4 days	c. CITY OR TOWN: Branson — Inside Limits: Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Skaggs Hosp. — Inside Limits: Yes ☐ No ☐	d. STREET ADDRESS (If outside, give location): Long Beach Road — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First	Middle	Last	4. DATE OF DEATH Month	Day	Year
BERTYE	MAY	COGGBURN	Feb.	8,	1960

5. SEX	6. COLOR OR RACE	7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH	9. AGE (last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HR Hours	Min.
female	white		6-21-1887	72	7	17		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY
retired	housewife	Missouri	USA

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
Martin Thompson	Sarah Carbaugh	none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	Address
no	none		Mrs Charlie Selsor	Branson, 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) Ca of stomach — INTERVAL BETWEEN ONSET AND DEATH: 1 mo

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____

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. ☐ 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.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

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.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1957, to 2-8-60 and last saw her alive on 2-8-60.
Death occurred at 8:50 Am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M Aubin (Degree or title) MD — 22b. ADDRESS Branson, Mo — 22c. DATE SIGNED 2-10-60

23a. BURIAL, CREMATION, REMOVAL (Specify) burial — 23b. DATE 2-12-60 — 23c. NAME OF CEMETERY OR CREMATORY Ozark Mem. Park Cem. — 23d. LOCATION (City, town, or county) Branson, Mo (State)

24. FUNERAL DIRECTOR Whelchel Chapel — ADDRESS Branson, Mo — 25. DATE RECD. BY LOCAL REG. 2-18-60 — 26. REGISTRAR'S SIGNATURE Helen Campbell

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT 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_____ Signed Walter S. Coa

Signature of Student Embalmer

Licensed Embalmer No. 473

P. O. Address Brawn

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