

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-022061

FILED VS JUN 3 1960

 Registration District No. 352 Primary Registration District No. _____ Registrar's No. 42

STATE FILE NUMBER

ENDED

DOCUMENT

1. PLACE OF DEATH a. COUNTY Taney				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Taney			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Branson		Length of stay in 1b -----		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 Highway 160			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) rural		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) James Hoyet Webster				4. DATE OF DEATH Month May Day 22 Year 1960			
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 12-29-21	9. AGE (last birthday) 35	IF UNDER 1 YEAR Months 1 Days 23 Hours Min. 	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) public worker		10b. KIND OF BUSINESS OR INDUSTRY labor		11. BIRTHPLACE (City and state or country) Oklahoma		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Jim Webster			13b. MOTHER'S MAIDEN NAME Alie Rogers		14. NAME OF HUSBAND OR WIFE Pearl Webster		
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. 489-26-2474	17. INFORMANT Address Pearl Webster Forsyth, 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) Broken Neck						instant	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Crushed Chest							
DUE TO (c) Car accident							
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 checked="" 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.) Car ran off Highway 160 1 mile East					
20c. TIME OF INJURY Hour 2 am Month, Day, Year 5-22-60	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.) Highway 160 20f. CITY, TOWN, OR LOCATION COUNTY STATE Branson Taney Mo						
21. I attended the deceased from home to home and last saw him alive on 5-22-60 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Walter Cobb Carone M.D.				22b. ADDRESS Branson Mo			22c. DATE SIGNED 5-25-60
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 5-27-60	23c. NAME OF CEMETERY OR CREMATORY Dickens Cemetery		23d. LOCATION (City, town, or county) (State) Dickens Mo			
24. FUNERAL DIRECTOR Forsyth Funeral Home Forsyth, Mo				25. DATE RECD. BY LOCAL REG. 5-25-60	26. REGISTRAR'S SIGNATURE Helen Campbell		

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

JUN 6 1960

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 Cobb

Licensed Embalmer No. 47

P. O. Address Flanagan

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.