

STATE DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-025538

STATE FILE NUMBER

Dr Aubin
 Registration District No. 352 Primary Registration District No. _____ Registrar's No. 50

1. FILED VS JUN 27 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 2 weeks	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 Skaggs Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) rural Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First BONNIE Middle MAE Last KELLEY			4. DATE OF DEATH Month June Day 20 Year 1960
5. SEX female	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 6-23-1898
9. AGE (last birthday) 61		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) housewife		10b. KIND OF BUSINESS OR INDUSTRY x	11. BIRTHPLACE (City and state or country) Gladden Mo Dent
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Robet N. Jackson	
13b. MOTHER'S MAIDEN NAME Rose Larkin		14. NAME OF HUSBAND OR WIFE Aubrey O. Kelley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or <input checked="" type="checkbox"/> unknown) (If yes, give year or dates of service) x		16. SOCIAL SECURITY NO. none	17. INFORMANT Aubrey O. Kelley Forsyth, Mo Address _____
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic Carcinoma Brain DUE TO (b) Pancreatic Adenocarcinoma DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 6 wks 2 yrs
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 6-6-60 to June 20-60 and last saw her alive on June 20-60 Death occurred at 2 40 P on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE M. Aubin MD (Degree or title)		22b. ADDRESS Branson, Mo	22c. DATE SIGNED 6-22-60
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 6-23-60	23c. NAME OF CEMETERY OR CREMATORY New Hope	23d. LOCATION (City, town, or county) Salem Dent Co, Mo (State)
24. FUNERAL DIRECTOR Carl K. Spencer ADDRESS Salem, Mo		25. DATE RECD. BY LOCAL REG. 6/25/60	26. REGISTRAR'S SIGNATURE Heleen Campbell

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 Cobb

Licensed Embalmer No. 473

P. O. Address Branson

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