

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS JUN 27 1960

-60-025541
 STATE FILE NUMBER

Registration District No. 352 Primary Registration District No. _____ Registrar's No. 51

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 Forsyth		Length of stay in 1b 1 day	c. CITY OR TOWN Forsyth		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lake Taneycomo			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Shadow Rock Drive	
3. NAME OF DECEASED (Type or print) First EVE Middle ELIZABETH Last EVERETT			4. DATE OF DEATH Month June Day 23 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 8-18-21	9. AGE (last birthday) 38	IF UNDER 1 YEAR IF UNDER 24 HR Months 10 Days 5 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 housekeeping	11. BIRTHPLACE (City and state or country) Missouri	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William Walker		13b. MOTHER'S MAIDEN NAME Josephine Harris		14. NAME OF HUSBAND OR WIFE Albert Lee Everett	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Albert Lee Everett Forsyth, 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) Drowning					INTERVAL BETWEEN ONSET AND DEATH instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) jumping into lake Taneycomo 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 checked="" 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 checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) as far as anyone knows she jumped into lake			
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.) Lake Taneycomo	20f. CITY, TOWN, OR LOCATION Forsyth Taney		COUNTY Missouri	STATE _____
21. I attended the deceased from _____, to never and last saw <input checked="" type="checkbox"/> live on never Death occurred at unknown m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Walter Cobb Caron Taney G Branson, M.D.			22b. ADDRESS _____		22c. DATE SIGNED 6/24/60
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 6-26-60	23c. NAME OF CEMETERY OR CREMATORY Ozark Mem. Park Cem.		23d. LOCATION (City, town, or county) Branson, Mo	
24. FUNERAL DIRECTOR ADDRESS Whelchel Chapel Branson, Mo			25. DATE RECD. BY LOCAL REG. 6-25-60	26. REGISTRAR'S SIGNATURE Deleu 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 Blanco

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.