

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-040788

STATE FILE NUMBER

FILED VS

1960

Registration District No. 352 Primary Registration District No. 4517 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY <u>Taney</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Taney</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Branson</u>		Length of stay in 1b <u>2 Mo.</u>		c. CITY OR TOWN <u>Branson</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Skaggs Hosp.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>211 S.2nd</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>REFFIE</u> Middle <u>ELIZEBETH</u> Last <u>SLAVEN</u>				4. DATE OF DEATH Month <u>Oct.</u> Day <u>21</u> Year <u>1960</u>									
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>3/13/1897</u>		9. AGE (last birthday) <u>63</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>8</u>		IF UNDER 24 HR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeping</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>housework</u>				11. BIRTHPLACE (City and state or country) <u>Arkansas</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>			
13a. FATHER'S NAME <u>Johnny Stevens</u>				13b. MOTHER'S MAIDEN NAME <u>Martha Thomas</u>				14. NAME OF HUSBAND OR WIFE <u>J.K. Slavens Sr.</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u>				16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>J.K. Slaven Jr.</u> Address <u>Branson, Mo</u>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute congestive cardiac failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>myocardial infarction</u> DUE TO (c) <u>arteriosclerotic heart disease</u>										INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u> <u>9 weeks</u> <u>?</u>			
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 <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>		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 <u>8-23-60</u> to <u>10-21-60</u> and last saw her <u>him</u> alive on <u>10-21-60</u> Death occurred at <u>8:15</u> <u>p</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <u>Joe D. Bennett M.D.</u>						22b. ADDRESS <u>Branson, Mo.</u>			22c. DATE SIGNED <u>10-26-60</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>10/24/60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Ozark Mem. Park Cem.</u>				23d. LOCATION (City, town, or county) (State) <u>Branson, Mo</u>					
24. FUNERAL DIRECTOR <u>Whelchel Chapel</u> ADDRESS <u>Branson, Mo</u>				25. DATE RECD. BY LOCAL REG. <u>10/28/60</u>				26. REGISTRAR'S SIGNATURE <u>Helena Campbell</u>					

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 Colb

Licensed Embalmer No. 473

P. O. Address Princeton

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.