

R I DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-040791

STATE FILE NUMBER

FILED VS NOV 9 1960
Registration District No. 357
Primary Registration District No. 4517
Registrar's No. 85

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 lb 2 weeks		c. CITY OR TOWN Branson		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 LUCY Middle CLARA Last THORNTON				4. DATE OF DEATH Month Oct. Day 22 Year 1960						
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11/2/1874	9. AGE (last birthday) 85	IF UNDER 1 YEAR Months 11 Days 20	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 housework		11. BIRTHPLACE (City and state or country) Arkansas		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE ---				
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 Ray Thornton, Branson, 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) myocardial infarction							INTERVAL BETWEEN ONSET AND DEATH immediate			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerotic heart disease							2-3 years.			
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 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 Month, Day, Year a.m. p.m. 			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 Oct 15-60 to Oct 22, 60 and last saw her ^{him} alive on Oct 22, 1960 Death occurred at 10 05 AM m on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE J. D. Bennett M.D.				22b. ADDRESS Branson, Mo			22c. DATE SIGNED 10-26-60			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 10/26/60	23c. NAME OF CEMETERY OR CREMATORY Protem Cemetery			23d. LOCATION (City, town, or county) Protem, Mo			(State)	
24. FUNERAL DIRECTOR Whelchel Chapel, Branson, Mo				ADDRESS		25. DATE RECD. BY LOCAL REG. 10-4-60		26. REGISTRAR'S SIGNATURE Debra 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
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 Brown

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.