RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-044881
STATE FILE NUMBER

Dr Threadgill 352 Registration District No. 4517 Primary Registration District No. 89 Registrar's No.

FILED VS DEC 6 1960

1. PLACE OF DEATH
a. COUNTY: Taney
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Branson — Length of stay in 1b: 4 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Skaggs Hosp. — Inside Limits: Yes # No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri COUNTY: Taney
c. CITY OR TOWN: Forsyth — Inside Limits: Yes ☐ # No ☐
d. STREET ADDRESS (If outside, give location): Forsyth — Reside on Farm: Yes ☐ No ☐ #

3. NAME OF DECEASED (Type or print): First LAURA Middle KATHERINE Last BLUNK
4. DATE OF DEATH: Month Nov. Day 26, Year 1960
5. SEX: female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed # Divorced ☐
8. DATE OF BIRTH: 7/27/78
9. AGE (last birthday): 82 — IF UNDER 1 YEAR: Months 3 Days 29 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: household
11. BIRTHPLACE (City and state or country): Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Jacob Clines
13b. MOTHER'S MAIDEN NAME: Leandor Todd
14. NAME OF HUSBAND OR WIFE: deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT: A.H. Blunk — Address: Forsyth, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: few days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized Arteriosclerosis — yrs.
DUE TO (c): Voluntary change in Vessels — 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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 11/22/60, to 11/28/60 and last saw her/him alive on 11/28/60
Death occurred at 4:30 pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title)
22b. ADDRESS: Forsyth Mo
22c. DATE SIGNED: 12/1/60

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 11/28/60
23c. NAME OF CEMETERY OR CREMATORY: Ozark Mem. Park Cem.
23d. LOCATION (City, town, or county) (State): Branson, Mo

24. FUNERAL DIRECTOR: Forsyth Funeral Home, Forsyth, Mo — ADDRESS
25. DATE RECD. BY LOCAL REG.: 12/2/60
26. REGISTRAR'S SIGNATURE: Helen Campbell

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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_____ Signed Walter Cobb

Signature of Student Embalmer

Licensed Embalmer No. 47.

P. O. Address Brann

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