

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-023745

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED FILED Registration District No. 5352 Primary Registration District No. Registrar's No. 55

JUN 19 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Lamy</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Lamy</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Branson</u>		Length of stay in lb <u>year</u>		c. CITY OR TOWN <u>Branson</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>home</u>				d. STREET ADDRESS (If outside, give location) <u>N. Highway 65</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Lottie</u> Middle <u>O'NEILL</u> Last <u>O'NEILL</u>				4. DATE OF DEATH Month <u>June</u> Day <u>4</u> Year <u>1961</u>			
5. SEX <u>7</u>		6. COLOR OR RACE <u>W</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH <u>9-28-79</u>	
9. AGE (last birthday) <u>81</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>6</u>		IF UNDER 24 HR Hours <u>8</u> Min. <u>6</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>hammer</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>hammering</u>		11. BIRTHPLACE (City and state or country) <u>PENN.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13a. FATHER'S NAME <u>Abe Mint</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Mint</u>			14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Richard O'Neill Spfld. Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>myocardial infarction</u>							
DUE TO (b) <u>arteriosclerosis</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 _____ 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 <u>6/3/61</u> to <u>6/4/61</u> and last saw her alive on <u>6/4/61</u> Death occurred at <u>5:30 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Ray Sellmore MD</u> (Degree or title)				22b. ADDRESS <u>Branson Mo</u>		22c. DATE SIGNED <u>6/10/61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>6-7-61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Seaboard</u>		23d. LOCATION (City, town, or county) (State) <u>Reel Springs, Mo</u>	
24. FUNERAL DIRECTOR <u>Walter Cobb</u>		ADDRESS <u>Branson Mo</u>		25. DATE RECD. BY LOCAL REG. <u>6-17-61</u>		26. REGISTRAR'S SIGNATURE <u>Helen Campbell</u>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Walter Cobb

Licensed Embalmer No. 4731

P. O. Address Blount, Va

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.