MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-028102
STATE FILE NUMBER

AMENDED

Registration District No. 352 Primary Registration District No. _____ Registrar's No. 82

FILED AUG 14 1961

1. PLACE OF DEATH
a. COUNTY: TANEY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Rockaway Beach — Length of stay in 1b: YEARS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Home — Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First: Daniel Middle: Dennison Last: Stites
4. DATE OF DEATH: Month: Aug Day: 4 Year: 1961
5. SEX: M
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: 8/3/1892
9. AGE (last birthday): 69 — IF UNDER 1 YEAR: Months: 0 Days: 1 — IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Agent
10b. KIND OF BUSINESS OR INDUSTRY: Insurance
11. BIRTHPLACE (City and state or country): Kansas
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: John D. Stites
13b. MOTHER'S MAIDEN NAME: Rose Martina
14. NAME OF HUSBAND OR WIFE: —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I
17. INFORMANT: Mrs Daisy Clark Address: Walnut Shade, 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): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Unknown Cause
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Possible suffocation with some burning
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.): Victim fell on electric fan
20c. TIME OF INJURY: Hour 5:25 a.m. p.m. Month, Day, Year: 8-4-61 — Causing fan to short out getting hot & burning
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: Rockaway Beach COUNTY: Taney STATE: Mo

21. I attended the deceased from D.O.A. to _____ and last saw her/him alive on _____
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Walter Cobb (Degree or title): Coroner Taney Co
22b. ADDRESS: Branson Mo
22c. DATE SIGNED: 8/6/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8/8/61
23c. NAME OF CEMETERY OR CREMATORY: Ozark Mem.
23d. LOCATION (City, town, or county) (State): Branson, Mo

24. FUNERAL DIRECTOR: Walter Cobb ADDRESS: Branson, Mo
25. DATE RECD. BY LOCAL REG.: 8-10-61
26. REGISTRAR'S SIGNATURE: Helen Campbell

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

SEP 19 1967

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 Was Not Embalmed, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Walter Cobb

Licensed Embalmer No. 4731

P. O. Address Bowman, Md

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.