

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-039881

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

FILED OCT 23 1961

Registration District No. 352 Primary Registration District No. Registrar's No. 101

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Taney			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Taney		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Branson		Length of stay in 1b 2 years	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 Home, Lakeshore Dr.			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Lakeshore Drive	
3. NAME OF DECEASED (Type or print) First WILLIAM Middle I. Last SARGENT			4. DATE OF DEATH Month Oct. Day 10, Year 1961		
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 4/2/1881	9. AGE (last birthday) 80
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY feed Mfg.	11. BIRTHPLACE (City and state or country) Neb.	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Ed Sargent		13b. MOTHER'S MAIDEN NAME Cordela Sinclair		14. NAME OF HUSBAND OR WIFE unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none			17. INFORMANT Address Mrs W. Seger Branson, Mo		
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 DUE TO (b) Arteriosclerosis Generalized DUE TO (c) Pulmonary Emphysema Obstructive 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					INTERVAL BETWEEN ONSET AND DEATH
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 3/1/60 , to 10/10/61 and last saw him alive on 10/10/61 Death occurred at 1055 PM m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Ken Gillissie MD			22b. ADDRESS Branson Mo.		22c. DATE SIGNED 10/13/61
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 10/11/61	23c. NAME OF CEMETERY OR CREMATORY Lauri Hill	23d. LOCATION (City, town, or county) Des. Moines, Iowa		(State)
24. FUNERAL DIRECTOR Walter Cobb		ADDRESS Branson, Mo	25. DATE RECD. BY LOCAL REG. 10-18-61	26. REGISTRAR'S SIGNATURE Helen Campbell	

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
ITEM NO.
BY AFFIDAVIT OF

1961 OCT 30 SA

MAY 29 1962

MAY 22 1962

1961 OCT 25

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. 4751

P. O. Address Blanton

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.