SSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-047565

STATE FILE NUMBER

TMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 352 Primary Registration District No. _____ Registrar's No. 123

FILED DEC 18 1961

1. PLACE OF DEATH
a. COUNTY Taney
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Branson — Length of stay in 1b 10 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 MO b. COUNTY TANEY
c. CITY OR TOWN TANEYVILLE — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) TANEYVILLE — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Middle Last: MARY LOUISA WOOD

4. DATE OF DEATH Month Day Year: Dec. 8, 1961

5. SEX: F.
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 4-5-84
9. AGE (last birthday): 77 — IF UNDER 1 YEAR Months 8 Days 3 — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (City and state or country): Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Thomas Burkhart
13b. MOTHER'S MAIDEN NAME: Mary Warren
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: Mrs Oddie Shipman — Address: Chadwick

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)	Acute Coronary Thrombosis	suddenly.
DUE TO (b)	Arteriosclerosis, Generalized.	yrs.
DUE TO (c)	Arteriosclerotic Heart disease	yrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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 Nov-16-61, to Dec 8-61 and last saw her/him alive on Da-8-61
Death occurred at 7 pm 8-Dec-61 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W C Magnen. M.D.
22b. ADDRESS: Branson, Mo
22c. DATE SIGNED: Dec-16-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12-10-61
23c. NAME OF CEMETERY OR CREMATORY: Helphrey
23d. LOCATION (City, town, or county) (State): Taneyville, Mo

24. FUNERAL DIRECTOR: Walter Cobb — ADDRESS: Branson Mo
25. DATE RECD. BY LOCAL REG.: 12-16-61
26. REGISTRAR'S SIGNATURE: Helen Campbell

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 27 1961

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 Beaver Me

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.