

*D. Magner* MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-021695  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 352 Primary Registration District No. \_\_\_\_\_ Registrar's No. 33

FILED MAY 21 1962

VS 300  
Rev. 4/59

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DATE AMENDED

INSTEAD OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

BY AFFIDAVIT OF

|   |   |  |  |
|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Taney</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> COUNTY <b>Taney</b>                    |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Branson</b>  |   | Length of stay in lb <b>2 weeks</b>  | c. CITY OR TOWN <b>Branson</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Skaggs</b>   |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location) <b>323 W. College</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>               |
| 3. NAME OF DECEASED (Type or print) First <b>MYRTLE</b> Middle <b>B.</b> Last <b>JUSTUS</b>   |   |  | 4. DATE OF DEATH Month <b>April</b> Day <b>26</b> Year <b>1962</b>   |
| 5. SEX <b>female</b>  | 6. COLOR OR RACE <b>white</b>   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <b>12/4/1880</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housework</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY <b>housekeeping</b>  | 11. BIRTHPLACE (City and state or country) <b>Missouri</b>   |
| 13a. FATHER'S NAME <b>John Hayes</b>  |   | 13b. MOTHER'S MAIDEN NAME <b>Sarah Holdey</b>  | 14. NAME OF HUSBAND OR WIFE <b>deceased</b>  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none</b>   |   | 16. SOCIAL SECURITY NO. <b>none</b>  | 17. INFORMANT <b>Jack Justus</b> Address <b>Branson, Mo</b>  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Posterior myocardial infarction</b><br>DUE TO (b) <b>Arteriosclerotic Heart Disease</b><br>DUE TO (c) <b>Gen. arteriosclerosis</b> |   |  | INTERVAL BETWEEN ONSET AND DEATH <b>3 mos</b><br><b>yes</b><br><b>yes</b>  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)   |   |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><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 <b>Aug 1955</b> to <b>4/26/62</b> and last saw her/him alive on <b>4/26/62</b><br>Death occurred at <b>10 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.                                |   |  |  |
| 22a. SIGNATURE (Degree or title) <b>W.C. Magner, M.D.</b>   |   | 22b. ADDRESS <b>Branson, Mo</b>  | 22c. DATE SIGNED <b>5/16/62</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>   | 23b. DATE <b>4/29/62</b>  | 23c. NAME OF CEMETERY OR CREMATORY <b>Ozark Mem.</b>   | 23d. LOCATION (City, town, or county) <b>Branson, Mo</b> (State)   |
| 24. FUNERAL DIRECTOR <b>Walter Cobb</b> ADDRESS <b>Branson, Mo</b>  |   | 25. DATE RECD. BY LOCAL REG. <b>5-16-63</b>  | 26. REGISTRAR'S SIGNATURE <b>Helen Campbell</b>  |

**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 Cook

Licensed Embalmer No. 4731

P. O. Address Brown MS

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.