

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-041327

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 352 Primary Registration District No. _____ Registrar's No. 96

VS 300
Rev. 4/59

1/060
2/060

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9/201

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12/86-2

13/1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

<p>FILED NOV 5 1962</p>		<p>1. PLACE OF DEATH a. COUNTY Taney</p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Taney</p>	
<p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Forsyth</p>		<p>Length of stay in 1b 5 MO.</p>		<p>c. CITY OR TOWN Branson</p>	
<p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lakeview Rest Home</p>		<p>Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>		<p>d. STREET ADDRESS (If outside, give location) 902 Okla. Ave</p>	
<p>3. NAME OF DECEASED (Type or print) BERTHA JULIA RAY</p>		<p>First Middle Last</p>		<p>4. DATE OF DEATH Oct. 30, 1962</p>	
<p>5. SEX female</p>		<p>6. COLOR OR RACE white</p>		<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	
<p>8. DATE OF BIRTH 4/12/1871</p>		<p>9. AGE (last birthday) 91</p>		<p>IF UNDER 1 YEAR IF UNDER 24 HR Months 6 Days 18 Hours Min.</p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired housewife</p>		<p>10b. KIND OF BUSINESS OR INDUSTRY own home</p>		<p>11. BIRTHPLACE (City and state or country) Illinois</p>	
<p>12. CITIZEN OF WHAT COUNTRY USA</p>		<p>13a. FATHER'S NAME Milton Colvin</p>		<p>13b. MOTHER'S MAIDEN NAME Sarah Van Horn</p>	
<p>14. NAME OF HUSBAND OR WIFE none</p>		<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no</p>		<p>16. SOCIAL SECURITY NO. none</p>	
<p>17. INFORMANT Louis V. Mallory Branson, Mo</p>		<p>Address</p>			
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p>					
<p>IMMEDIATE CAUSE (a) Coronary Occlusion</p>					
<p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis</p>					
<p>DUE TO (c) Arterial Hypertension, Diabetes</p>					
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>				<p>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</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>		<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>		<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour Month, Day, Year</p>					
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>		<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>	
<p>21. I attended the deceased from 6-18-62 to 10-30-62 and last saw her/him alive on 10-29-62 Death occurred at 10-30-62 6:40 A m on the date stated above, and to the best of my knowledge, from the causes stated.</p>					
<p>22a. SIGNATURE (Degree or title) Mary King, D.O.</p>				<p>22b. ADDRESS Forsyth, Mo.</p>	
				<p>22c. DATE SIGNED 10-30-62</p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) removal</p>		<p>23b. DATE 11/1/62</p>		<p>23c. NAME OF CEMETERY OR CREMATORY Forrest Park</p>	
				<p>23d. LOCATION (City, town, or county) (State) Houston, Texas</p>	
<p>24. FUNERAL DIRECTOR Walter Cobb Branson, Mo</p>			<p>25. DATE RECD. BY LOCAL REG. 10-2-62</p>		<p>26. REGISTRAR'S SIGNATURE Helene Campbell</p>

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 Mo.

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.