

MISSOURI DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-041329

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

Dr. Magness AMENDED

Registration District No. 352 Primary Registration District No. _____ Registrar's No. 93

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|---|---|
| FILED NOV 1 1962 | |
| 1. PLACE OF DEATH a. COUNTY Taney | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hollister Length of stay in 1b years | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION home Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Taney | |
| c. CITY OR TOWN Hollister Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. STREET ADDRESS (If outside, give location) Hollister Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED First Middle Last (Type or print) SUSAN VIOLA LEMEN SACKMAN | |
| 4. DATE OF DEATH Month Day Year Oct. 11, 1962 | |
| 5. SEX female | 6. COLOR OR RACE white |
| 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH Oct. 23, 1893 |
| 9. AGE (last birthday) 68 | IF UNDER 1 YEAR Months 11 Days 18 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired | 10b. KIND OF BUSINESS OR INDUSTRY housekeeper |
| 11. BIRTHPLACE (City and state or country) Rossville, Ill. | 12. CITIZEN OF WHAT COUNTRY USA |
| 13a. FATHER'S NAME Hull Lemen | 13b. MOTHER'S MAIDEN NAME Laura Bentley |
| 14. NAME OF HUSBAND OR WIFE none | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | 16. SOCIAL SECURITY NO. none |
| 17. INFORMANT Mrs Clyde Hathaway | Address Hollister, 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) Acute Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) General arteriosclerosis 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 | |
| 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 checked="" 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 July - 1951 to Oct 11/62 and last saw her ^{her} _{him} alive on Oct 9-62 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated. | |
| 22a. SIGNATURE W.C. Magness, M.D. (Degree or title) | 22b. ADDRESS Branson, Mo |
| 22c. DATE SIGNED Oct 29/62 (State) | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE 10/13/62 |
| 23c. NAME OF CEMETERY OR CREMATORY Ozark Mem. | |
| 23d. LOCATION (City, town, or county) Branson, Mo (State) | |
| 24. FUNERAL DIRECTOR Walter Cobb ADDRESS Branson, Mo | 25. DATE RECD. BY LOCAL REG. 10-30-62 |
| 26. REGISTRAR'S SIGNATURE Delew Campbell | |

VS 300 Rev. 4/59
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

NOV 1 1962

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 Bladson TN

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.