MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010091
STATE FILE NUMBER

Registration District No. 352 Primary Registration District No. _____ Registrar's No. 18

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1060
2060
3
4 1
5 1
6
7 0
8 2
9 170X
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12 1-0
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

FILED MAR 11 1963

1. PLACE OF DEATH
a. COUNTY: Taney
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Branson
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Skaggs Hospital
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: Point Lookout, Mo.
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): School of The Ozarks
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Josephine Middle: Madeline Last: Wallace

4. DATE OF DEATH: Month: March Day: 3 Year: 1963

5. SEX: Female
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6/4/1906
9. AGE (last birthday): 56
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HR: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Crane, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Thomas Blackwell
13b. MOTHER'S MAIDEN NAME: Beulah Reavis
14. NAME OF HUSBAND OR WIFE: Onas Wallace

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi
16. SOCIAL SECURITY NO.:
17. INFORMANT: Onas Wallace Address: Point Lookout, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carcinomatosis
DUE TO (b): Ca of Breast -
DUE TO (c):
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
INTERVAL BETWEEN ONSET AND DEATH:
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 1/1/62, to 3/3/63 and last saw her alive on 3/3/63
Death occurred at 5 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Ray Gillespie MD
22b. ADDRESS: Branson Mo
22c. DATE SIGNED: 3/6/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: March 5, 1963
23c. NAME OF CEMETERY OR CREMATORY: Oddfellows Cemetery
23d. LOCATION (City, town, or county) (State): Marionville, Mo.

24. FUNERAL DIRECTOR: Walter Cobb ADDRESS: Branson, Mo.
25. DATE REC'D BY LOCAL REG.: 3/8/63
26. REGISTRAR'S SIGNATURE: Helene Campbell

(Licensed Embalmer's Statement on Reverse Side)

APR 4 1963
MAR 14 1963

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_____ Signed Walter Cook
Signature of Student Embalmer

Licensed Embalmer No. 4731

P. O. Address Branson 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.