

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

3545

State File No. ....

1060

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>352</u>		PRIMARY REG. DIST. NO. <u>4517</u>		Registrar's No. <u>8</u>	
1. PLACE OF DEATH a. COUNTY <u>Taney</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Taney</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Branson</u>		c. LENGTH OF STAY (in this place) <u>10 hrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Branson Rural</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sperry Annex Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>MO</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Johann</u> b. (Middle) <u>Heinrich</u> c. (Last) <u>Estern</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 9 51</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 5-1856</u>		9. AGE (in years last birthday) <u>54</u>	F UNDER 1 YEAR Months	F UNDER 1 WKS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Aurich Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Lidia Estern</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Lidia Estern</u>				ADDRESS <u>Branson MO</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
	ANTECEDENT CAUSES *Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u>					1 yr.	
	DUE TO (c) _____						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>1/1</u> , 19 <u>51</u> , to <u>1/9</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>1/9</u> , 19 <u>51</u> , and that death occurred at <u>12:30 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Harry T. Evans M.D.</u> (Degree or title)			23b. ADDRESS <u>Branson, MO</u>		23c. DATE SIGNED <u>1/10/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>1-11-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Branson MO</u>		
DATE REC'D BY LOCAL REG. <u>1-10-51</u>		REGISTRAR'S SIGNATURE <u>J E Cogswell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. D. Whitchel</u> ADDRESS <u>Branson MO</u>			

**DIVISION OF HEALTH OF MD.**

District No. 5 - Springfield

RECEIVED JAN 15 1951

Dist. File 151-128

Date Filed 1-15-51

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**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Minnie L. Whelchel

Licensed Embalmer No. 2277

P. O. Address Bruner MD

**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 this body is not embalmed, fact should be so stated above.