

STANDARD CERTIFICATE OF DEATH

30537

State File No.

FILED AUG 25 1952

BIRTH NO. _____		REG. DIST. NO. <u>352</u>		PRIMARY REG. DIST. NO. <u>4517</u>		Registrar's No. <u>66</u>			
1. PLACE OF DEATH a. COUNTY <u>Taney</u> <u>1060</u> <u>0</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MO.</u>				b. COUNTY <u>Taney</u> <u>1060</u>	
b. CITY OR TOWN <u>BRANSON</u>		c. LENGTH OF STAY (In this place) <u>township</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hollister</u> <u>0</u>		d. STREET ADDRESS (If rural, give location) <u>NONE</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Scaggs Memorial</u>				3. NAME OF DECEASED (Type or Print) (First) <u>Betty</u> (Middle) <u>Ann</u> (Last) <u>Parker</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>8-20-1952</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>7-16-45</u>		9. AGE (In years last birthday) <u>7</u> Months <u>1</u> Year <u>4</u> Hours <u>4</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>			11. BIRTHPLACE (State or foreign country) <u>Hollister, Mo.</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Alfred Parker</u>			13b. MOTHER'S MAIDEN NAME <u>Jessie Booth</u>			14. NAME OF HUSBAND OR WIFE <u>NONE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Scaggs Community Hospital Branson</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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute lymphatic leukemia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>2040</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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>4 Aug</u> , 19 <u>52</u> , to <u>20 Aug</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>20 Aug</u> , 19 <u>52</u> , and that death occurred at <u>3:50 PM</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>W.C. Magnus M.D.</u> (Degree or title)				23b. ADDRESS <u>Branson Mo</u>		23c. DATE SIGNED <u>8/20/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>8-20-52</u>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Branson Mo</u>			
DATE REC'D BY LOCAL REG. <u>8-22-52</u>		REGISTRAR'S SIGNATURE <u>J.E. Copwell</u> <u>376</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L.C. Holt - Harrison, Ark</u>		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

J. C. Holt

Licensed Embalmer No. *819 Ark*

P. O. Address *Harrison, Ark*

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.