

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**30815**

State File No. ....

S. No. 300  
v. 10.48

FILED AUG 31 1953

1060  
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BIRTH NO. _____		REG. DIST. NO. <b>332</b>		PRIMARY REG. DIST. NO. <b>4517</b>		Registrar's No. <b>60</b>	
1. PLACE OF DEATH a. COUNTY <b>Taney</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Taney</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Branson</b>			c. LENGTH OF STAY (in this place) <b>5 Days</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>"Rural" Beaver</b>			<b>1060</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Skaggs Memorial Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>Route 1, Bradleyville</b>			
3. NAME OF DECEASED (Type or Print) <b>REVA</b> a. (First)			<b>JEAN</b> b. (Middle)		<b>NEUENSCHWANDER</b> c. (Last)		4. DATE OF DEATH <b>August 27-1953</b> (Month) (Day) (Year)
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>April 22-1930</b>	9. AGE (In years last birthday) <b>23</b>		IF UNDER 1 YEAR: <b>4</b> Months <b>5</b> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>--</b>		11. BIRTHPLACE (State or foreign country) <b>Bradleyville, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Irven Maggard</b>			13b. MOTHER'S MAIDEN NAME <b>Dorothy Day</b>		14. NAME OF HUSBAND OR WIFE <b>Paul Neuenschwander</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Paul Neuenschwander, Bradleyville, Mo.</b> ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Mets static Brain Tumor</b>  ANTECEDENT CAUSES <b>Carcinoma of Body of Uterus</b> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>  DUE TO (b) _____  DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <b>6 weeks</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <b>174 X</b> 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)		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 <b>23 Aug 1953</b> , to <b>27 Aug 1953</b> , that I last saw the deceased alive on <b>27 Aug 1953</b> , and that death occurred at <b>7:30 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>W E Magner, M.D.</b>				23b. ADDRESS <b>Branson, Mo</b>		23c. DATE SIGNED <b>8/27/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8-29-1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Patterson Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>"Rural" Beaver, Taney Co. Missouri</b>		
DATE REC'D BY LOCAL REG. <b>8-29-53</b>		REGISTRAR'S SIGNATURE <b>S. E. Copwood</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>John Dean Harris</b>		ADDRESS <b>Clever, Missouri</b>	

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

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed John Dean Harris

Licensed Embalmer No. 4390

P. O. Address Cleveland, 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 this body is not embalmed, fact should be so stated above.