

14035-54 STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 35a PRIMARY REG. DIST. NO. 4517 Registrar's No.

060

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

1. PLACE OF DEATH a. COUNTY Taney		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Arkansas b. COUNTY Carroll	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Branson		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Oak Grove, Ark 8039	
d. FULL NAME OF HOSPITAL OR INSTITUTION Skaggs Community Hosp.		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) FREDDIE	b. (Middle) LEE	c. (Last) GOTT	4. DATE OF DEATH (Month) (Day) (Year) Feb. 22. 1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 20 Feb 1954
9. AGE (In years last birthday) 0		if UNDER 1 YEAR 0 Months 2 Days	if UNDER 24 HRS. 0 Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Branson, Mo. 0
12. CITIZEN OF WHAT COUNTRY?			

13a. FATHER'S NAME Charles Gott	13b. MOTHER'S MAIDEN NAME Louise Hulse	14. NAME OF HUSBAND OR WIFE
---	--	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Charles Gott-	ADDRESS Oak Grove, Ark
---	--	---	----------------------------------

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2hr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis - Rt Lung		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 7620	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) (Min.)	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 Feb 20, 1954, to Feb 22, 1954, that I last saw the deceased alive on Feb 22, 1954, and that death occurred at 2:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W C M Maguire M.D.	23b. ADDRESS Branson, Mo	23c. DATE SIGNED 2/24/54
---	------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-23-54	24c. NAME OF CEMETERY OR CREMATORY Hale Cemetery	24d. LOCATION (City, town, or county) (State) Carroll Co. Ark.
--	-----------------------------	--	--

DATE REC'D BY LOCAL REG. MAR 4 1954	REGISTRAR'S SIGNATURE Walter A. Bridges	25. FUNERAL DIRECTOR'S SIGNATURE Nelson Funeral Home-Berryville, Ark	ADDRESS
---	---	--	---------

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 _____

me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Charles M. Wilson

Licensed Embalmer No. *815 sub.*

P. O. Address *Benningville, sub.*

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.