

28791-56 THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15289**

FILED APR 30 1956

BIRTH NO. _____ REG. DIST. NO. **352** PRIMARY REG. DIST. NO. **4517** Registrar's No. **49**

1. PLACE OF DEATH a. COUNTY Taney				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Taney			
b. CITY (If outside corporate limits, write RURAL and give township) Branson		c. LENGTH OF STAY (in this place) Permanently		c. CITY OR TOWN Taney		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Heagy Hospital				e. STREET ADDRESS (If rural, give location) Rural Rt. 1060			
3. NAME OF DECEASED (Type or Print) a. (First) Carl b. (Middle) Lynn c. (Last) Deadmond			4. DATE OF DEATH (Month) (Day) (Year) 4-14-56				
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant		8. DATE OF BIRTH April 2-56	
9. AGE (In years last birthday) 12			IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant none			10b. KIND OF BUSINESS OR INDUSTRY Infant none		11. BIRTHPLACE (City and State or Foreign Country) Branson MO		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Martin M. Deadmond			13b. MOTHER'S MAIDEN NAME Marie Marshall		14. NAME OF HUSBAND OR WIFE none		
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 Martin M. Deadmond			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) External Hydrocephalic				INTERVAL BETWEEN ONSET AND DEATH Congenital	
		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 752x				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) (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 4/2 , 19 56 , to 4/14 , 19 56 , that I last saw the deceased alive on 4/14 , 19 56 , and that death occurred at 6:45 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE W.C. Magnus M.P.				23b. ADDRESS Branson, MO		23c. DATE SIGNED 4/26/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-16-56		24c. NAME OF CEMETERY OR CREMATORY Crescent		24d. LOCATION (City, town, or county) (State) Reeds Spring MO	
DATE REC'D BY LOCAL REG. 4-28-56		REGISTRAR'S SIGNATURE Nelen Campbell		25. FUNERAL DIRECTOR'S SIGNATURE Whelchel Funeral Home		ADDRESS Branson MO	

(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 Not Embalmed, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Minnie J. Wheeler

Licensed Embalmer No. 227

P. O. Address Branson

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.