

STANDARD CERTIFICATE OF DEATH

No. 300  
10-48

FILED NOV 20 1956

State File No. ....

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 4517 Registrar's No. 106

1. PLACE OF DEATH a. COUNTY <u>TANEY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>TANEY</u>	
b. CITY OR TOWN <u>BRANSON</u>		c. CITY OR TOWN <u>Walnut Shade</u>	
c. LENGTH OF STAY (In this place) <u>1 day</u>		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 <u>Skaggs Comm. Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>10605 Sunset Walnut Shade</u>	
3. NAME OF DECEASED a. (First) <u>SARAH</u> b. (Middle) <u>Kathryn</u> c. (Last) <u>Ralmer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 26, 1956</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct 26, 1885</u>	
9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaker</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>West Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John J. Wallace</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Stuebli</u>	
14. NAME OF HUSBAND OR WIFE <u>Robert Ralmer</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 <u>Robert Ralmer</u> ADDRESS <u>Walnut Shade, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Malnutrition &amp; hypertension</u> DUE TO (c) <u>General arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>	
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) 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>Oct 26, 1956</u> , to <u>Oct 26, 1956</u> , that I last saw the deceased alive on <u>Oct 26, 1956</u> , and that death occurred at <u>7:00 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>Froyth Ave</u>	
23c. DATE SIGNED <u>10/26/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/29/56</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Shade Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Walnut Shade Mo</u>	
DATE REC'D BY LOCAL REG. <u>11/13/56</u>		REGISTRAR'S SIGNATURE <u>Helew Campbell</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Froyth</u> ADDRESS <u>Froyth Ave</u>			

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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.....  
Signature of Student Embalmer

Signed... *Walter S. Cobb* .....

Licensed Embalmer No... *473* .....

P. O. Address... *San Jose* .....

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.