

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043031

STATE FILE NUMBER

88 5 1 5 8
FILED DEC 1 1958 Registration District No. 352 Primary Registration District No. 4517 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY Taney		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Taney	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Branson TOWN		c. CITY Branson OR TOWN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Skaggs Community Hospital		d. STREET ADDRESS Branson	
Length of stay in lb. 2 days		(If outside, give location)	
3. NAME OF DECEASED (Type or print) First Brenda Middle Kay Last Braden		4. DATE OF DEATH Month Nov. Day 8 Year 1958	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 6, 1958
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 0
13. FATHER'S NAME Lewis E. Braden		11. BIRTHPLACE (City and state or country) Branson, Missouri	
14. MOTHER'S MAIDEN NAME Bernice Croft		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
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.	
17. INFORMANT Lewis E. Braden		Address Hollister, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hydrocephalitis			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Increased cranial pressure			
DUE TO (c) Fluid			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour 6:05 Month, Day, Year Nov. 7, 1958 a. m. A. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Forsyth, Missouri		COUNTY STATE	
21. I attended the deceased from Nov. 7, 1958 to Nov. 8, 1958 and last saw her alive on Nov. 8, 1958 Death occurred at 6:05 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i>		22b. ADDRESS Forsyth, Missouri	
22c. DATE SIGNED 11-8-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-8-58	
23c. NAME OF CEMETERY OR CREMATORY Ragsdale Cemetery		23d. LOCATION (City, town, or county) (State) Forsyth, Missouri	
24. FUNERAL DIRECTOR W. S. Cobb		ADDRESS Forsyth, Missouri	
25. DATE RECD. BY LOCAL REG. 11-19-58		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Was not embalmed, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Walter S. Coe

Licensed Embalmer No. 47

P. O. Address Forsyth,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.