

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-027869
STATE FILE NUMBER

EMERGENCY AUG 4 1959

Registration District No. 352 Primary Registration District No. _____ Registrar's No. 77

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 TOWN Branson		Length of stay in 1b 4 weeks	c. CITY OR TOWN Branson Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Skaggs Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 115 E. Pacific Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First CORA Middle ADELIA Last FLOOD			4. DATE OF DEATH Month July Day 27 Year 1959		
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5. SEX female	6. COLOR OR RACE white	7. MARRIAGE Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-30-1881	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months 7 Days 27	IF UNDER 24 HR Hours 27 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired	10b. KIND OF BUSINESS OR INDUSTRY housewife	11. BIRTHPLACE (City and state or country) Springfield, South D. U.S.A.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Geo. W. Taff	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE deceased
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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 Dr. W. V. Flood Branson, Mo Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH 4 wks 4 wks 4 wks
IMMEDIATE CAUSE (a) Uremia			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Nephrosclerosis		
	DUE TO (c) Arteriosclerosis Generalized		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	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 COUNTY _____ STATE _____
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21. I attended the deceased from June 1958 to 7-27-59 and last saw her alive on 7-27-59 Death occurred at 5:46 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE W. C. Magnus, M.D. (Degree or title)	22b. ADDRESS Branson, mo	22c. DATE SIGNED 7-29-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 7-28-59	23c. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemetery	23d. LOCATION (City, town, or county) Sioux City, Iowa (State)
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24. FUNERAL DIRECTOR Whelchel Chapel Branson, Mo ADDRESS	25. DATE RECD. BY LOCAL REG. 7-31-59	26. REGISTRAR'S SIGNATURE Helen Campbell
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

0901 01 0001

LAUG 19 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by

_____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Walter S. Cobb

Licensed Embalmer No. 4731

P. O. Address Branon, I

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.