

DEATH CERTIFICATE - STANDARD STATEMENT OF DEATH

59-034933

UNRECORDED

De Habert

FILED VS SEP 22 1959

Registration District No. 352 Primary Registration District No. _____ Registrar's No. 94

STATE FILE NUMBER

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) Branson		Length of stay in 1b 2 days		c. CITY OR TOWN Hollister		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) Taneycomo Apts.			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First GEORGE Middle CYRUS Last THOMPSON				4. DATE OF DEATH Month Sept. Day 16 Year 1959			
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3-10-1882	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months 6 Days 6	IF UNDER 24 HR Hours 6 Min. 14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Acc. & book			10b. KIND OF BUSINESS OR INDUSTRY book keeping		11. BIRTHPLACE (City and state or country) Wisconsin		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME unknown			13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Ann Thompson		
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 Ann Thompson 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) Carcinosis of liver							INTERVAL BETWEEN ONSET AND DEATH 1 yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) _____		DUE TO (c) _____		
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 checked="" 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.)					
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ 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	COUNTY	STATE
21. I attended the deceased from 1958 to 9-16-59 and last saw him alive on 9-16-59 Death occurred at 2:10 A m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>J. Habert MD</i>				22b. ADDRESS Branson, Mo			22c. DATE SIGNED 9-18-59
23b. BURIAL, CREMATION, REMOVAL (Specify) burial	23c. DATE 9-18-59	23d. NAME OF CEMETERY OR CREMATORY East Lawn Cemetery		23e. LOCATION (City, town, or county) Springfield, Mo			
24. FUNERAL DIRECTOR Whelchel Chapel, Branson, Mo				25. DATE RECD. BY LOCAL REG. 9-19-59		26. REGISTRAR'S SIGNATURE <i>Helen Campbell</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

6961 0 2 100 .

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Walter S. Cobb

Licensed Embalmer No. 4721

P. O. Address Branco

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.