

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-022059

FILED VS JUN 9 1960 352

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 46

INDEXED

1. PLACE OF DEATH a. COUNTY Taney		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rockaway Beach		Length of stay in 1b 1 day	c. CITY OR TOWN Springfield Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway 76A		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1160 E Walnut Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) ELSIE CORINNE STEVENS			4. DATE OF DEATH May 30, 1960
5. SEX female	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 1-24-31
9. AGE (last birthday) 29		IF UNDER 1 YEAR Months 4 Days 6 Hours Min. 	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) waitress		10b. KIND OF BUSINESS OR INDUSTRY cafe	11. BIRTHPLACE (City and state or country) Arkansas
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Herbert Cherry	
13b. MOTHER'S MAIDEN NAME Elsie Dover		14. NAME OF HUSBAND OR WIFE Thomas Stevens	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. 515-30-3210	17. INFORMANT Address Thomas Stevens Springfield, 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) Crushed skull DUE TO (b) car accident DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) 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			INTERVAL BETWEEN ONSET AND DEATH instant
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) car ran off road turning over, falling on head of subject	
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 checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 76A		20f. CITY, TOWN, OR LOCATION Rockaway Beach	COUNTY Taney
20f. STATE Missouri		21. I attended the deceased from never to never and last saw her never alive on never Death occurred at 4 PM m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Walter Cobb (Degree or title) Coroner Taney		22b. ADDRESS Branson, Mo	22c. DATE SIGNED 6-2-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5-30-60	23c. NAME OF CEMETERY OR CREMATORY West Plains	23d. LOCATION (City, town, or county) (State) West Plains, Mo
24. FUNERAL DIRECTOR Whelchel Chapel		ADDRESS Branson, Mo	25. DATE RECD. BY LOCAL REG. 6-4-60
26. REGISTRAR'S SIGNATURE Helen Campbell			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Cobb

Licensed Embalmer No. 473

P. O. Address Bramon

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