

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

Dr Rubin

-61-007330
STATE FILE NUMBER

AMENDED

Registration District No. 352 Primary Registration District No. 4517 Registrar's No. 17

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

FILED VS FEB 27 1961

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 1 day	c. CITY OR TOWN Hollister Inside Limits Yes <input type="checkbox"/> No <input checked="" 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) Hollister Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First EVA Middle MARIE Last ADDRESS			4. DATE OF DEATH Month Feb. Day 20 Year 1961
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 11/2/1900
9. AGE (last birthday) 60		IF UNDER 1 YEAR Months 3 Days 18	IF UNDER 24 HR Hours 18 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY household	11. BIRTHPLACE (City and state or country) Minn.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME A. E. Nixon	
13b. MOTHER'S MAIDEN NAME Mollie Collins		14. NAME OF HUSBAND OR WIFE Harry Address	
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 Harry Address, Hollister, Mo		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Embolus			INTERVAL BETWEEN ONSET AND DEATH 48 hr
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 _____ 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.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from 1952 to 2-20-61 and last saw her alive on 2-20-61 Death occurred at 10:55 P M on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Dr Rubin (Degree or title)		22b. ADDRESS Branson Mo	22c. DATE SIGNED 2-22-61
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 2/23/61	23c. NAME OF CEMETERY OR CREMATORY Ozark Mem. Park Cem.	23d. LOCATION (City, town, or county) (State) Branson, Mo
24. FUNERAL DIRECTOR Whelcher Chapel, Branson, Mo		25. DATE RECD. BY LOCAL REG. 2/25/61	26. REGISTRAR'S SIGNATURE Delew Campbell

JUN 7 1961

NOV 13 1962

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 Cobb

Licensed Embalmer No. 4731

P. O. Address Blairson mo

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.