

DURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012307

STATE FILE NUMBER

AMENDED

Filed APR 10 1961 Primary Registration District No. Registrar's No. 32

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 Forsyth			Length of stay in 1b	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 Highway 160			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (if outside, give location) Highway 65		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First CHARLES Middle LYNN Last WATERS				4. DATE OF DEATH Month April Day 6 Year 1961			
5. SEX male	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 1/20/43	9. AGE (last birthday) 18	IF UNDER 1 YEAR Months 2 Days 16	IF UNDER 24 HR Hours 16 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) student			10b. KIND OF BUSINESS OR INDUSTRY high school	11. BIRTHPLACE (City and state or country) Arkansas		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME T.D. Waters			13b. MOTHER'S MAIDEN NAME Grace White		14. NAME OF HUSBAND OR WIFE none		
15. WAS DECEASED EVER IN U.S. ARMED SERVICES? (Yes, no, or unknown) (If yes, give war or dates of service) no none				17. INFORMANT Address T.D. Waters Hollister, Mo			
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
IMMEDIATE CAUSE (a)			Broken neck				instant
DUE TO (b)			Car wreck				
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 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 Hwy. 160 hitting					
20c. TIME OF INJURY Hour 9:45 p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> Culvert head						
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 160			20f. CITY, TOWN, OR LOCATION Forsyth		COUNTY Taney	STATE MO	
21. I attended the deceased from D.O.A. to _____ and last saw her/him alive on _____ Death occurred at 9:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Walter Cobb Corone Taney				22b. ADDRESS Branson MO		22c. DATE SIGNED 4-7-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 4/8/61	23c. NAME OF CEMETERY OR CREMATORY White Church Cem.		23d. LOCATION (City, town, or county) Star City, Ark		(State)	
24. FUNERAL DIRECTOR Whelchel Chapel, Branson, Mo			ADDRESS	25. DATE RECD. BY LOCAL REG. 4-8-61	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 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 Branson

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.