SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

TMENT OF PUBLIC HEALTH AND WELFARE

-61-047562
STATE FILE NUMBER

AMENDED

Registration District No. 852 Primary Registration District No. _____ Registrar's No. 125

FILED DEC 18 1961

1. PLACE OF DEATH
a. COUNTY Taney
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Branson
Length of stay in 1b: 4 hrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Skaggs Hosp.
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO
b. COUNTY Taney
c. CITY OR TOWN Branson
Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) Bee Creek
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: ROMAINE Middle: W. Last: MITCHENER

4. DATE OF DEATH Month: Dec. Day: 10 Year: 1961

5. SEX: M
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: 4-14-79
9. AGE (last birthday): 82
IF UNDER 1 YEAR: Months: 7 Days: 26
IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Ohio
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Joseph Willson
13b. MOTHER'S MAIDEN NAME: Wilhelmina Wright
14. NAME OF HUSBAND OR WIFE: deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs Judith Powell Address: Branson Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cardiac Arrest.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Organic Heart Disease.
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 12/10/61, to 12/10/61 and last saw her alive on 12/10/61
Death occurred at 1 PM. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Roy Gillispie (Degree or title) M.D.
22b. ADDRESS: Branson Mo
22c. DATE SIGNED: 12/12/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
23b. DATE: 12-14-61
23c. NAME OF CEMETERY OR CREMATORY: D.W. New Company
23d. LOCATION (City, town, or county) (State): Kansas City Mo

24. FUNERAL DIRECTOR: Walter Cobb ADDRESS: Branson, Mo
25. DATE RECD. BY LOCAL REG.: 12-16-61
26. REGISTRAR'S SIGNATURE: Helen Campbell

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | 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_____ Signed Walter Cobb

Signature of Student Embalmer

Licensed Embalmer No. 473

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.