

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-029767

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED  
*W. Spain*

Registration District No. 352 Primary Registration District No. \_\_\_\_\_ Registrar's No. 60

FILED AUG 6 1962

VS 300  
Rev. 4/59

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29060

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Taney</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Taney</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Branson</b>		Length of stay in 1b <b>years</b>	c. CITY OR TOWN <b>Branson, Mo</b> Inside Limits Yes # No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>home</b>		Inside Limits Yes # No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Branson</b> Reside on Farm Yes <input type="checkbox"/> No # <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>INEZ</b> Middle <b>MAY</b> Last <b>DeWITT</b>			4. DATE OF DEATH Month <b>July</b> Day <b>28</b> Year <b>1962</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12/6/1898</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>housewife</b>	9. AGE (last birthday) <b>64</b> IF UNDER 1 YEAR Months <b>7</b> Days <b>22</b> IF UNDER 24 HR Hours <b>0</b> Min. <b>0</b>
11a. FATHER'S NAME <b>Alva Gamber</b>		11b. MOTHER'S MAIDEN NAME <b>Angeline Winchell</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>Walter DeWitt</b> Address <b>Branson, Mo</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinomatosis</b> DUE TO (b) <b>Carcinoma of Breast</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			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. <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 <b>7-10-62</b> to <b>7-28-62</b> and last saw her him alive on <b>7-23-62</b> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Charles C. Spears M.D.</i>		22b. ADDRESS <b>Branson Mo</b>	22c. DATE SIGNED <b>7-1-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>8/3/62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Branson Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Branson, Mo</b>
24. FUNERAL DIRECTOR <b>Walter Cobb</b> ADDRESS <b>Branson, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>8-2-62</b>	26. REGISTRAR'S SIGNATURE <i>John Campbell</i>

USE BLACK INK OR TYPEWRITER RIBBON

**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 Brown, 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.