MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-033428
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — Dr Aubin — AMENDED

Registration District No. 352 Primary Registration District No. _____ Registrar's No. 71

FILED SEP 11 1962

VS 300
Rev. 4/59

1 1060
2 1060 2
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4 1
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7 1
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9 434.1
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12 1-0
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Taney
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Branson — Length of stay in 1b: 3 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Skaggs Hosp. — Inside Limits: Yes # No ☐

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

3. NAME OF DECEASED (Type or print): First: CLARA Middle: E. Last: THORN
4. DATE OF DEATH: Month Sept. Day 1 Year 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed # Divorced ☐
8. DATE OF BIRTH: 6/20/1874
9. AGE (last birthday): 88 — IF UNDER 1 YEAR: Months 2 Days 11 — 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: housewife
11. BIRTHPLACE (City and state or country): Ill.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: I.N.Munson
13b. MOTHER'S MAIDEN NAME: Mary Munson
14. NAME OF HUSBAND OR WIFE: none
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.: unknown
17. INFORMANT: Bernard Thorn Address: Rockaway Beach, 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): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Congestive Heart failure — 4 yrs
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. ☐ 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 1956, to 9-1-62 and last saw her alive on 9-1-62
Death occurred at 9AM 9-1-62 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title) MD
22b. ADDRESS: Branson, Mo
22c. DATE SIGNED: 9-4-62

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 9/4/62
23c. NAME OF CEMETERY OR CREMATORY: Ozark Mem.
23d. LOCATION (City, town, or county) (State): Branson, Mo

24. FUNERAL DIRECTOR ADDRESS: Walter Cobb Branson, Mo
25. DATE RECD. BY LOCAL REG.: 9-8-62
26. REGISTRAR'S SIGNATURE: Helene Campbell

(Licensed Embalmer's Statement on Reverse Side)

SEP 18 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_____ Signed Walter Cobb

Signature of Student Embalmer

Licensed Embalmer No. 4731

P. O. Address Branson, 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.