

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

0530 / State File No. 33976
Registrar's No. 85

BIRTH NO. _____ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 4617

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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, write RURAL and give township) OR TOWN BRANSON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BRANSON VERONA, MO.	
c. LENGTH OF STAY (in this place) UNKNOWN		d. STREET ADDRESS (If rural, give location) Rural - 1/2 mi. No. of Verona	
d. FULL NAME OF HOSPITAL OR INSTITUTION Junelwood Home			

3. NAME OF DECEASED (Type or Print) a. (First) HARRY	b. (Middle) ALBERT	c. (Last) MILES	4. DATE OF DEATH (Month) (Day) (Year) OCT. 6, 1952
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH JAN 7, 1905	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY RAILROADER	11. BIRTHPLACE (City and State or Foreign Country) ST. JAMES, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME HENRY MILES	13b. MOTHER'S MAIDEN NAME Libby PERKINS	14. NAME OF HUSBAND OR WIFE NONE
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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'S SIGNATURE OR NAME Jordan Southard	ADDRESS ST. JAMES, MO.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH Instant
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Don't know		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Oct 6, 1952** to **Oct 6, 1952**, that I last saw the deceased **Alive on Oct 6, 1952**, and that death occurred at **6:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Harry Albert Miles	(Degree or title) Caregiver	23b. ADDRESS Branson, MO	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 10-8-52	24c. NAME OF CEMETERY OR CREMATORY MASONIC CEMETERY	24d. LOCATION (City, town, or county) (State) ST. JAMES, MISSOURI
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DATE REC'D BY LOCAL REG. 10-10-52	REGISTRAR'S SIGNATURE J E Egner	25. GENERAL DIRECTOR'S SIGNATURE Oscar L. Mark	ADDRESS Quincy, Mo
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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
Student Embalmer

Signed Miriam S. Gabel

Licensed Embalmer No. 231707

P. O. Address Princeton N.J.

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 this body is not embalmed, fact should be so stated above.