

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13012**

No. 300
10-48

FILED MAR 30 1953

BIRTH NO. _____ REG. DIST. NO. **352** PRIMARY REG. DIST. NO. **4012** Registrar's No. **21**

1. PLACE OF DEATH a. COUNTY Taney		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MO b. COUNTY Taney	
b. CITY OR TOWN Branson	c. LENGTH OF STAY (In this place) 82 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Branson 1060	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) Emanuel b. (Middle) none c. (Last) Miles			4. DATE OF DEATH (Month) (Day) (Year) 3-27-53			
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 15-1869	9. AGE (In years last birthday) 84	# UNDER 1 YEAR Months Days	# UNDER 6 Mos. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and State or Foreign Country) Washington Co. Virginia		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME William Miles	13b. MOTHER'S MAIDEN NAME Katie Miles	14. NAME OF HUSBAND OR WIFE Willie Miles
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 Willie Miles Branson MO ADDRESS

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 12 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis Sclerosis of Arteries 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 type="checkbox"/>
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **3/27, 1953** to **3/27, 1953**, that I last saw the deceased alive on **3/27, 1953**, and that death occurred at **7:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W.C. Magner M.D.	23b. ADDRESS Branson, MO	23c. DATE SIGNED 3/27/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-30-53	24c. NAME OF CEMETERY OR CREMATORY Lewallen
	24d. LOCATION (City, town, or county) (State) W. Branson MO	

DATE REC'D BY LOCAL REG. 3-28-53	REGISTRAR'S SIGNATURE S.E. Cogswell 376	25. FUNERAL DIRECTOR'S SIGNATURE R.O. Whelchel ADDRESS Branson 1900
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Minnie L. Welch*

Licensed Embalmer No. *2277*

P. O. Address *Brunson 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 this body is not embalmed, fact should be so stated above.