

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30809**

FILED **AUG 31 1953**
BIRTH NO. _____ REG. DIST. NO. **352** PRIMARY REG. DIST. NO. **6193** Registrar's No. **59**

10600

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 Mo. b. COUNTY Taney	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Branson		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kirkville	
c. LENGTH OF STAY (In this place) 12 days		d. STREET ADDRESS (If rural, give location) Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION Higgs Comm. Hosp			
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Mathew c. (Last) Aubrey		4. DATE OF DEATH (Month) (Day) (Year) 8-23-53	
5. SEX Mo	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct 28-1884
9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 10	IF UNDER 6 HRS. Hours	IF UNDER 15 Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY stock farmer	11. BIRTHPLACE (State or foreign country) Taney Co. Mo.	
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Joseph R. Aubrey		13b. MOTHER'S MAIDEN NAME Emma Burns	
14. NAME OF HUSBAND OR WIFE Ada McEubrey			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Ada McEubrey		ADDRESS Kirkville Mo	
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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION Carcinoma of prostate gland	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of prostate gland		INTERVAL BETWEEN ONSET AND DEATH 3 1/2 yrs	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 June 15, 1951 , to 8-23, 1953 , that I last saw the deceased alive on 8-23, 1953 , and that death occurred at 1:30 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) W.C. Magnus, M.D.		23b. ADDRESS Branson, Mo	
23c. DATE SIGNED 8/23/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried	24b. DATE Aug 25-1953	24c. NAME OF CEMETERY OR CREMATORY Grave Memorial Park	24d. LOCATION (City; town, or county) (State) Branson Mo
DATE REC'D BY LOCAL REG. 8-29-53	REGISTRAR'S SIGNATURE S.E. Cogswell	25. FUNERAL DIRECTOR'S SIGNATURE R.O. Whelchel ADDRESS Branson Mo	

OCT 19 1958

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 S. Wheelock

Licensed Embalmer No.

2277

P. O. Address

Princeton 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.