

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34809

BIRTH NO. REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 4377 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY <u>Taney</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE <u>MO</u> c. COUNTY <u>Taney</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Branson</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Branson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> (Middle) <u>Jessie</u> c. (Last) <u>May</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9-23-53</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec 7-1875</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>merchant</u>	11. BIRTHPLACE (State or foreign country) <u>Protem</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		9. AGE (In years last birthday) <u>77</u>	

13a. FATHER'S NAME <u>John May</u>	13b. MOTHER'S MAIDEN NAME <u>Susan May</u>	14. NAME OF HUSBAND OR WIFE <u>Stella A. May</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Ms George May Branson</u>

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		INTERVAL BETWEEN ONSET AND DEATH <u>15 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gen. Arteriosclerosis</u> 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 July 17, 1953, to 9-23, 1953, that I last saw the deceased alive on 9-22, 1953 and that death occurred at 4AM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W.C. Magnien, M.D.</u>	23b. ADDRESS <u>Branson, MO</u>	23c. DATE SIGNED <u>9-25-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-22-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Old Branson</u>
24d. LOCATION (City, town, or county) (State) <u>Branson, MO</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>R. O. Wheelock Branson MO</u>	DATE REC'D BY LOCAL REG. <u>10-3-53</u>
REGISTRAR'S SIGNATURE <u>S.E. Copwell</u>	376	

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

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FILED OCT 5 1953

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

Maximo S. Wheelock

Licensed Embalmer No. *2279*

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