S. No. 300
v. 10.48

1060

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 12 1954

State File No. 21829

BIRTH NO. _____ REG. DIST. NO. 802 PRIMARY REG. DIST. NO. 4347 Registrar's No. 65

1. PLACE OF DEATH
a. COUNTY Taney
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Branson
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO
b. COUNTY Taney
c. CITY OR TOWN Branson
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) West College St - 1060

3. NAME OF DECEASED (Type or Print) a. (First) Marlin b. (Middle) Bates c. (Last) Moy.

4. DATE OF DEATH (Month) (Day) (Year) 6-25-54

5. SEX M O
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 11 - 1874
9. AGE (In years last birthday) 80 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer - Retired
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (City and State or Foreign Country) Stone Co MO
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Calvin Moy.
13b. MOTHER'S MAIDEN NAME Marguerite Amos.
14. NAME OF HUSBAND OR WIFE Mary I Moy.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) MO (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. no
17. INFORMANT'S SIGNATURE OR NAME Mrs Warren Sutherland
18. ADDRESS Branson 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 1 Year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Secondary Anemia
DUE TO (c) Senility

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 293 X
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov, 1949, *to* June 26, 1954, *that I last saw the deceased alive on* 6/25, 1954, *and that death occurred at* 9:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Paul E Roberts DO
23b. ADDRESS Branson MO
23c. DATE SIGNED 6/26/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6-28-54
24c. NAME OF CEMETERY OR CREMATORY Gretna
24d. LOCATION (City, town, or county) (State) Branson MO

DATE REC'D BY LOCAL REG. 7-6-54
REGISTRAR'S SIGNATURE S E Cogswell 376
25. FUNERAL DIRECTOR'S SIGNATURE R. O. Whitehead
ADDRESS Branson MO.

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Minnie L. Welche

Licensed Embalmer No. 227

P. O. Address Branson

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.