

## FILED SEP 6 1955 STANDARD CERTIFICATE OF DEATH

State File No. 28717

BIRTH NO. _____		REG. DIST. NO. <u>352</u>		PRIMARY REG. DIST. NO. <u>4516</u>		Registrar's No. <u>70</u>			
1. PLACE OF DEATH a. COUNTY <u>Taney</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>MO</u>				b. COUNTY <u>Taney</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Farsyth</u>		c. LENGTH OF STAY (In this place) <u>2 mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkynville-Oliver Sp</u>		d. STREET ADDRESS (If rural, give location) <u>Rural 16600</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jubilee Rest Home</u>				3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas Jefferson</u>				b. (Middle) _____	
c. (Last) <u>Stottle</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8-20-55</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Dec 15-1955</u>		9. AGE (In years less birthday) <u>99</u>		10. UNDER 1 YEAR Months _____ Days _____			
10. UNDER 6 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <u>State of New York</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13. DECEASED'S NAME <u>T. J. Stottle</u>			
13b. MOTHER'S MAIDEN NAME _____		14. NAME OF HUSBAND OR WIFE <u>Deceased</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 <u>T. J. Stottle</u>		18. ADDRESS <u>Branson MO</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Coronary occlusion</u>					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____				INTERVAL BETWEEN ONSET AND DEATH _____					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>				DUE TO (c) <u>Senility</u>					
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 <u>6-27</u> , 19 <u>55</u> , to <u>8-20</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>8-20</u> , 19 <u>55</u> , and that death occurred at <u>1:52</u> p.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Man King D.O.</u>				23b. ADDRESS <u>Farsyth, Mo.</u>		23c. DATE SIGNED <u>8-25-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>8-23-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Garth Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Branson MO</u>			
DATE REC'D BY LOCAL REG. <u>8/29/55</u>		REGISTRAR'S SIGNATURE <u>Deleu Campbell</u>		FURNERAL DIRECTOR'S SIGNATURE <u>Whelchel Funeral Home</u>		ADDRESS <u>Branson MO</u>			

(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 embalmed by me, or by.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed Walter S. Platt

Licensed Embalmer No. 4731

P. O. Address Longth, N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

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