

FILED NOV 1 1955

STANDARD CERTIFICATE OF DEATH

State File No. 35712

BIRTH NO. 12297-55 REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 4517 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY Taney		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Branson		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Reeds Springs, Missouri 10 40	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Skaggs Community Hospital		d. STREET ADDRESS (If rural, give location) 7 mi. from Reeds Springs on Hy. 13	
3. NAME OF DECEASED (Type or Print) a. (First) Brenda b. (Middle) Sue c. (Last) Miller		4. DATE OF DEATH (Month) (Day) (Year) October 28, 1955	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH February 7, 1955
9. AGE (In years last birthday) 8		10. MONTHS 21	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Andrew Jackson Miller		13b. MOTHER'S MAIDEN NAME Julia Berniece Garrigus	
14. NAME OF HUSBAND OR WIFE None			
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 <i>Amelia Miller</i>		ADDRESS Reeds Springs, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Bilateral Bronchopneumonia</i> INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i> 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. <i>491X</i>	
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 <i>10-28, 1955</i> , to <i>10-28, 1955</i> , that I last saw the deceased alive on <i>10-28, 1955</i> , and that death occurred at <i>10:45</i> m., from the causes and on the date stated above.			
23a. SIGNATURE <i>W.C. Magnus M.D.</i>		23b. ADDRESS <i>Branson, Mo</i>	
23c. DATE SIGNED <i>10/29/55</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. NAME OF CEMETERY OR CREMATORY <i>St. Charles</i>	
24c. LOCATION (City, town, or county) (State) <i>Reeds Springs Mo</i>			
24d. DATE, REC'D. BY LOCAL REG. <i>10/29/55</i>		24e. REGISTRAR'S SIGNATURE <i>Heleen Campbell</i>	
24f. REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE <i>Everett J. Cheatham</i>	
24g. ADDRESS <i>Salena Mo</i>			

(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.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *Everett J. Cheatham*
Licensed Embalmer No. *3870*
P. O. Address *Salera 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.