No. 300
10.48

FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7811

State File No.

BIRTH NO. REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 4517 Registrar's No. 26

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

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): 4 da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Skaggs Hospital

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

3. NAME OF DECEASED (Type or Print)
a. (First): Everett
b. (Middle): Leroy
c. (Last): Register

4. DATE OF DEATH (Month) (Day) (Year): 2 24 56

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 4 1893
9. AGE (In years last birthday): 62
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): Realtor
10b. KIND OF BUSINESS OR INDUSTRY: Land Farm Agency
11. BIRTHPLACE (City and State or Foreign Country): State of Missouri
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: John W. Register
13b. MOTHER'S MAIDEN NAME: Elizabeth Casleman
14. NAME OF HUSBAND OR WIFE: Grace Register

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 331-14-7769
17. INFORMANT'S SIGNATURE OR NAME: Grace Register
ADDRESS: Walnut Shade 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): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4 days

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: 4201
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* Jan, 1956, *to* 2-24, 1956, *that I last saw the deceased alive on* 2-24, 1956, *and that death occurred at* 10 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. [illegible] (Degree or title): MD
23b. ADDRESS: Branson, Mo
23c. DATE SIGNED: 2-26-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 2-27-56
24c. NAME OF CEMETERY OR CREMATORY: Rochester
24d. LOCATION (City, town, or county) (State): Rochester Ill.

DATE REC'D BY LOCAL REG.: 2/28/56
REGISTRAR'S SIGNATURE: Helen Campbell
25. FUNERAL DIRECTOR'S SIGNATURE: Michael E. Home
ADDRESS: Branson Mo

(Licensed Embalmer's Statement on Reverse Side)

MAR 16 1958

JAN 29 1957

MAR 27 1956

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Minnie T. Wheldel

Licensed Embalmer No 227

P. O. Address Branson

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