...t. Health,
..., & Welfare
...S. Public
...lth Service

...S. 300
...v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Aubin
FILED MAY 18 1959

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-020166
STATE FILE NUMBER

Registration District No. 352 Primary Registration District No. _____ Registrar's No. 47

1. PLACE OF DEATH
a. COUNTY: Taney
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Branson — Inside Limits: Yes # No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Skaggs Hosp. — Length of stay in 1b: 1 hour

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Taney
c. CITY OR TOWN: Walnut Shade — Inside Limits: Yes ☐ No #
d. STREET ADDRESS (If outside, give location): 1060 rural — Reside on Farm: Yes # No ☐

3. NAME OF DECEASED (Type or print): First ANDREW — Middle JAY — Last VISE

4. DATE OF DEATH: Month May Day 8, Year 1959

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED # ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: June 2, 1903
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months 11 Days 6 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY: cattle
11. BIRTHPLACE (City and state or country): Neb.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Andrew J. Vise
13b. MOTHER'S MAIDEN NAME: Elizebeth Vise
14. NAME OF HUSBAND OR WIFE: Maxine Vise

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 507-20-8806
17. INFORMANT: Mrs Maxine Vise — Address: Walnut Shade, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Massive Myocard Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 5-8-59, to 5-8-59 and last saw her/him alive on 5-8-59
Death occurred at 10:45 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): M Aubin MD
22b. ADDRESS: Branson, Mo
22c. DATE SIGNED: 5-10-59

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 5-10-59
23c. NAME OF CEMETERY OR CREMATORY: ozark Mem. Park Cem.
23d. LOCATION (City, town, or county) (State): Branson, Mo

24. FUNERAL DIRECTOR — ADDRESS: Whelchel Chapel, Branson, Mo
25. DATE RECD. BY LOCAL REG.: 5/14/59
26. REGISTRAR'S SIGNATURE: Helen Campbell

(Licensed Embalmer's Statement on Reverse Side)

MAY 19 1959

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 .....
Signature of Student Embalmer

Signed Walter S. Cobb

Licensed Embalmer No. 4731

P. O. Address Forsyth 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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