

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-020135

D. Spason 352 Registration District No. Primary Registration District No. Registrar's No. 43

STATE FILE NUMBER

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

FILED MAY 16 1961

1. PLACE OF DEATH
 a. COUNTY Jarney
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Branson Length of stay in 1b 4 days
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION SKaggs Inside limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo b. COUNTY Jarney
 c. CITY OR TOWN Branson Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 418 Madgey Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
NELLIE E. MILES MAY 7 1961

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH April 28, 1886 9. AGE (last birthday) 75 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
 11. BIRTHPLACE (City and state or country) Missouri 12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME Rufus Barker 13b. MOTHER'S MAIDEN NAME Mattie Compton 14. NAME OF HUSBAND OR WIFE Leonard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. none 17. INFORMANT Jim Miles Branson Mo Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Cerebral-Vascular Accident
 DUE TO (b) Hypertension
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

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 5-4-61 to 5-7-61 and last saw her/him alive on 5-7-61
 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Charles L. Spason M.D. 22b. ADDRESS 213 W. Atlantic Branson Mo 22c. DATE SIGNED 5-11-61

23a. BURIAL, CREMATION, REMOVAL (Specify) buried 23b. DATE 5-9-61 23c. NAME OF CEMETERY OR CREMATORY Lewis 23d. LOCATION (City, town, or county) (State) Branson Mo

24. FUNERAL DIRECTOR Walter Cole ADDRESS Branson Mo 25. DATE RECD. BY LOCAL REG. 5/13/61 26. REGISTRAR'S SIGNATURE Heleen Compton

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 25 1967

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 Cobb

Licensed Embalmer No. 4731

P. O. Address Brown

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.