

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

15373

State File No. _____

FILED MAY 5- 1952

BIRTH NO. _____ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 6196 Registrar's No. 35

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY <u>Taney</u>	b. CITY (If outside corporate limits, write RURAL and give township) <u>Day</u>	a. STATE <u>MO</u>	b. COUNTY <u>Taney</u>
c. LENGTH OF STAY (in this place) <u>82 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>1060</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>	

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) <u>Est</u>	b. (Middle) <u>Marie</u>	c. (Last) <u>McHeath</u>	(Month) <u>4</u>	(Day) <u>30</u>	(Year) <u>1952</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>5-5-1868</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Springfield Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13. FATHER'S NAME <u>John McHeath</u>		
13a. MOTHER'S MAIDEN NAME <u>Lucy McHeath</u>			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>Floyd McHeath</u>		ADDRESS <u>Day, MO</u>
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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			INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Spasms</u>			
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) <u>Smoking</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) <u>Day, MO</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from at home, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4 PM, from the causes and on the date stated above.

23. SIGNATURE <u>Saul Roberts</u> (Degree or Title) <u>Doc</u>	23b. ADDRESS <u>Branson MO</u>	23c. DATE SIGNED <u>5/2/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>5-2-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge</u>
24d. LOCATION (City, town, or county) (State) <u>Day, MO</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>R. O. Whelchel</u>	
DATE REC'D BY LOCAL REG. <u>May 2-52</u>	REGISTRAR'S SIGNATURE <u>R. E. Cogswell</u>	ADDRESS <u>Branson MO</u>

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

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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
Student Embalmer

Signed Minnie L. Whelchel

Licensed Embalmer No. 2297

P. O. Address Branson 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.