

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004182

STATE FILE NUMBER

FILED FEB 9 1959 Registration District No. 352 Primary Registration District No. 4517 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <i>Taney</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO</i> b. COUNTY <i>Taney</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Branson</i>		c. CITY OR TOWN <i>Branson</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Skaggs Hospital</i>		d. STREET ADDRESS (If outside, give location) <i>123 E MAIN ST</i>	
3. NAME OF DECEASED (Type or print) First <i>Oris</i> Middle <i>Milford</i> Last <i>Deputy</i>		4. DATE OF DEATH Month <i>1</i> Day <i>29</i> Year <i>59</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Aug 21-1886</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Plastering Business</i>		11. BIRTHPLACE (City and state or country) <i>Indiana</i>	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Milford O. Deputy</i>		14. NAME OF HUSBAND OR WIFE <i>Maudie Alice Deputy</i>	
13b. MOTHER'S MAIDEN NAME <i>Symonthe Egiter</i>		14. NAME OF HUSBAND OR WIFE <i>Maudie Alice Deputy</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>441-03-4556</i>	
17. INFORMANT <i>Maudie A. Deputy</i>		Address <i>Branson MO</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arteriosclerotic Heart Disease</i> <i>Generalized arteriosclerosis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH <i>10 yrs.</i> <i>4 yrs.</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) <i>4260</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 <i>May 1954</i> to <i>1-29-59</i> and last saw him alive on <i>1-29-59</i> Death occurred at <i>10:30 A.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>W. B. Wagner, M.D.</i>		22b. ADDRESS <i>Branson, MO</i>	
22c. DATE SIGNED <i>1-31-59</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		23b. DATE <i>2-1-59</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Ozark Memorial Park</i>		23d. LOCATION (City, town, or county) (State) <i>Branson MO</i>	
24. FUNERAL DIRECTOR <i>Whitshel R. Home</i>		25. DATE REC'D. BY LOCAL REG. <i>2-5-59</i>	
ADDRESS <i>Branson MO</i>		26. REGISTRAR'S SIGNATURE <i>Nelie Campbell</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

FEB 18 1959

1959 SA

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 *Minnie L. Wheeler*

Licensed Embalmer No. *2277*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.