

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9709

BIRTH NO. 124		REG. DIST. NO. 316		PRIMARY REG. DIST. NO. 6074		Registrar's No. 106	
1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Francois			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gumbo, Randolph Twp.		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gumbo		94 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION Elvina Route One				d. STREET ADDRESS (If rural, give location) Elvins Route one			
3. NAME OF DECEASED (Type or Print) a. (First) Zona		b. (Middle) Bell		c. (Last) Brannam		4. DATE OF DEATH (Month) (Day) (Year) March 24 1949	
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Mar. 8, 1890	
9. AGE (In years last birthday) 59		IF UNDER 1 YEAR Months 0		IF UNDER 24 HRS. Days 16		Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) care of home		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Iron County, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME William Barton		13b. MOTHER'S MAIDEN NAME Ida B. Smith		14. NAME OF HUSBAND OR WIFE Charles W. Brannam			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME RFD#1 ADDRESS Charles W. Brannam, Elvins, 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) CANCER (LIVER) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cancer Stomach DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1-2 M 2 yrs	
19a. DATE OF OPERATION 2 yrs ago		19b. MAJOR FINDINGS OF OPERATION Cancer				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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from JAN 26, 1949, to MAR 24, 1949, that I last saw the deceased alive on JAN 22, 1949, and that death occurred at 7:30 am., from the causes and on the date stated above.							
23a. SIGNATURE F. W. Zaccapan D.O.				23b. ADDRESS Flat River, Mo.		23c. DATE SIGNED 3/26/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-27-49		24c. NAME OF CEMETERY OR CREMATORY Mitchell Cem.		24d. LOCATION (City, town, or county) (State) St. Francois Co. Mo.	
DATE REC'D BY LOCAL REG. Mar 28, 1949		REGISTRAR'S SIGNATURE Esther Rudolph		25. FUNERAL DIRECTOR'S SIGNATURE C. Z. Boyer		ADDRESS Hollidge, Mo.	

RECEIVED

Health Officer No. 4
File Number 4-49-449
Date Filed 4-4-49

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 D. T. Boyer

Licensed Embalmer No. 3660

P. O. Address Helena, MT

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.