

FILED JUL 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19560

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>5172</u>		Registrar's No. <u>215</u>	
1. PLACE OF DEATH a. COUNTY <u>Callaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Shamrock Twp.</u>		c. LENGTH OF STAY (in this place) <u>4 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Danville, Township</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS (If rural, give location) <u>0700</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>Tillman</u> c. (Last) <u>Branham</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 25, 1950</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 15, 1876</u>		9. AGE (in years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>10</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hired Hand</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Montgomery County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Dudley Branham</u>		13b. MOTHER'S MAIDEN NAME <u>Susian Pryor</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Un known</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bertie Branham 1120 Pen road</u>			
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						
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		DUE TO (b) _____		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>		
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.</u>		DUE TO (c) _____				
	II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				<u>51X</u>		
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) _____			
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 <u>June 15, 1950</u> to <u>June 25, 1950</u> that I last saw the deceased alive on <u>June 22, 1950</u> and that death occurred at <u>4:45</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Name) (Degree or title) <u>D. J. Deland M.D.</u>				23b. ADDRESS <u>Williamsburg Mo</u>		23c. DATE SIGNED <u>6/26/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 28, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Johnson Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Williamsburg, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>June 27-1950</u>		REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>		25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS <u>Schleicher Montgomery, Montgomery City, Mo.</u>			

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

RECEIVED
JUN 7 1950
District Health Officer No. 9,
District File Number

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 E. Boone Schlanker

Licensed Embalmer No. 4136

P. O. Address Montgomery City, 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.