

FILED OCT 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29820

264

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 229

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| 1. PLACE OF DEATH a. COUNTY <u>Cole</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>308 Adams</u> | | d. STREET ADDRESS (If rural, give location) <u>308 Adams</u> | |

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|--------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------|--|-------------------------------------------------|
| 3. NAME OF DECEASED (Type or Print) <u>William Brannan</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 7 - 1950</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>unk</u> | 8. DATE OF BIRTH <u>Oct 25 1874</u> | | 9. AGE (In years last birthday) <u>75</u> 11 12 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>unk</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>unk</u> | 11. BIRTHPLACE (State or foreign country) <u>Osage Co Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>unk</u> |

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|--------------------------------------|-------------------------------------------------|----------------------------------------|
| 13a. FATHER'S NAME <u>Wm Brannan</u> | 13b. MOTHER'S MAIDEN NAME <u>Susan Robinson</u> | 14. NAME OF HUSBAND OR WIFE <u>unk</u> |
|--------------------------------------|-------------------------------------------------|----------------------------------------|

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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> | 16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/> | 17. INFORMANT'S SIGNATURE OR NAME <u>Cole Co Court Jefferson City Mo</u> | | ADDRESS <u>Jefferson City 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive Hemorrhage, Stomach</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>Indefinite</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ulceration or erosion of blood vessel</u> DUE TO (c) <u>Complained of stomach for years</u> | | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>unable to find, as he was alone</u> | | | <u>5400</u> |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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|-------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| 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 death to viewed, 1950, that I last saw the deceased alive had been, 1950 and that the death of deceased was from the cause stated on the certificate above.

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|----------------------------------------------------------------|---------------------------------------|----------------------------------|
| 23a. SIGNATURE (Degree or title) <u>J. Leslie M.D. Coroner</u> | 23b. ADDRESS <u>Jefferson City Mo</u> | 23c. DATE SIGNED <u>10-10-50</u> |
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|---------------------------------------------------------|-----------------------------|----------------------------------------------------------------|-------------------------------------------------------------------------|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>Oct 9 1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Louqueville Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Jefferson City Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>Oct 10 - 1950</u> | REGISTRAR'S SIGNATURE <u>R.P. Davis M.D. R.R. 0</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Victor Binesch</u> | ADDRESS <u>Jefferson City</u> |
|-----------------------------------------------|-----------------------------------------------------|--------------------------------------------------------|-------------------------------|

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

RECEIVED 10-14-50
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 10-14-50

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Victor Burescher

Licensed Embalmer No. 3701

P. O. Address Jefferson 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.