

FILED NOV 10 1950

STANDARD CERTIFICATE OF DEATH

State File No. **33299**

BIRTH NO. _____ REG. DIST. NO. **132** PRIMARY REG. DIST. NO. **30021** Registrar's No. **137**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—0402

1. PLACE OF DEATH a. COUNTY GRUNDY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GRUNDY	
b. CITY (If outside corporate limits, write RURAL and give township) TRENTON		c. CITY (If outside corporate limits, write RURAL and give township) TRENTON	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 212 W 6th STREET	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 100 E 7th STREET			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) WILLIAM	b. (Middle) EARL	c. (Last) BRANSON	OCT. 26, 1950		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH FEB. 20, 1887	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months 8 Days 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOMESTEADER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (State or foreign country) JUNCTION CITY, KANSAS		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME MARTIN BRANSON		13b. MOTHER'S MAIDEN NAME NANCY MITCHELL		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES W.W.I		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. John T. Branson 1929 S. 1st St. Trenton, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		DUE TO (c) Arterial Hypertension			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Nephritis				443X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 **10-16-50**, to **10-26-50** that I last saw the deceased alive on **10-23-50**, and that death occurred at **9:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE W. O. Jenson WA (Degree or title)		23b. ADDRESS 905 1/2 Main Trenton Mo		23c. DATE SIGNED 10-26-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 10-29-50		24c. NAME OF CEMETERY OR CREMATORY SOUTH EVANS		24d. LOCATION (City, town, or county) (State) NE. OF TINDALL GRUNDY, MO.	
DATE REC'D BY LOCAL REG. 10-29-50		REGISTRAR'S SIGNATURE Jensen		25. FUNERAL DIRECTOR'S SIGNATURE Charles D. Sijean		ADDRESS Trenton, Mo	



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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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Charles D. Lujan

Licensed Embalmer No. 3109

P. O. Address Greentown, 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: