

FILED DEC 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36171

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1357

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 0117	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospt.		d. STREET ADDRESS (If rural, give location) 237 W. Colorado Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) Jesse b. (Middle) Udell c. (Last) Brannam		4. DATE OF DEATH (Month) (Day) (Year) Nov. 29, 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 10, 1922
9. AGE (In years last birthday) 28		IF UNDER 1 YEAR Months 9	IF UNDER 24 HRS. Days 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pumper, Pickle Cellar		10b. KIND OF BUSINESS OR INDUSTRY Meat Packing Industry Swift & Co.	11. BIRTHPLACE (State or foreign country) Trenton, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Grady Brannam	
13b. MOTHER'S MAIDEN NAME Lena Kemp		14. NAME OF HUSBAND OR WIFE Lucille Brannam	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 5/27/43 12/11/45		16. SOCIAL SECURITY NO. 500-14-7677	17. INFORMANT'S SIGNATURE OR NAME Lucille Brannam
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) Subarachnoid Hemorrhage ANTECEDENT CAUSES DUE TO (b) Unknown DUE TO (c) Ruptured congenital aneurysm of cerebral artery II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH Sudden	
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 Nov 28, 1950 , to Nov 29, 1950 , that I last saw the deceased alive on Nov 29, 1950 , and that death occurred at 3:50 pm. , from the causes and on the date stated above.			
23a. SIGNATURE M. Fisher M.D.		23b. ADDRESS 228 Illinois Ave. St. Joseph	23c. DATE SIGNED 12-1-50
24a. BURLIAL, CREMATION, REMOVAL (Specify)	24b. DATE Dec. 2, 1950	24c. NAME OF CEMETERY OR CREMATORY Maple Grove Cem.	24d. LOCATION (City, town, or county) (State) Trenton, Mo.
DATE REC'D BY LOCAL REG. Dec 5, 1950	REGISTRAR'S SIGNATURE Carl C. Casby	446	25. FUNERAL DIRECTOR'S SIGNATURE Earl A. Clark
		ADDRESS 120 Illinois Av.	

(Licensed Embalmer's Statement on Reverse Side)

FEB 15 1991

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.....

Emmanuel

Licensed Embalmer No. 4235

P. O. Address St Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.