

FILED JUN 2 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17418

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 4355 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <b>NEW MADRID</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>NEW MADRID</b>	
b. CITY, OR TOWN <b>NEW MADRID</b>		c. CITY, OR TOWN <b>NEW MADRID, 0721</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>No.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>JAMES</b> b. (Middle) <b>MADISON</b> c. (Last) <b>BRANAM</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 11-1951</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>JAN-28-1864</b>		9. AGE (In years last birthday) <b>87</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>—</b>	11. BIRTHPLACE (State or foreign country) <b>NEW MADRID, Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>

13a. FATHER'S NAME <b>UNK</b>	13b. MOTHER'S MAIDEN NAME <b>UNK</b>	14. NAME OF HUSBAND OR WIFE <b>MAMIE LLA BRANAM</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>	16. SOCIAL SECURITY NO. <b>No.</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Sylvia Parks</b> ADDRESS <b>1939 1/2 Main, Mo.</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia (acute Bilat)</b>		DUPLICATE		<b>36 hours</b>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
		DUPLICATE		
		DUPLICATE		
II. OTHER SIGNIFICANT CONDITIONS		<b>Semility</b>		
Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertension arteriosclerosis</b>				
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) 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 **Apr 20, 1951**, to **May 11, 1951**, that I last saw the deceased alive on **May 11, 1951**, and that death occurred at **9:50 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Orville B. Chandler MD</b> (Degree or title)		23b. ADDRESS <b>New Madrid Mo</b>		23c. DATE SIGNED <b>5/15/51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 13-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Maunders</b>	24d. LOCATION (City, town, or county) (State) <b>Near New Madrid, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>5/20/51</b>	REGISTRAR'S SIGNATURE <b>Helene Louise Jones</b>	21b	25. FUNERAL DIRECTOR'S SIGNATURE <b>Kasarda</b> ADDRESS <b>Audit, Co. New Madrid Mo.</b>
---	--	-----	--

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

RECEIVED

JUN 1 1951

DISTRICT HEALTH OFFICE No. 6

File No. ....

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

*Ed Hady-peth*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3803*

P. O. Address *New Market, Md.*

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.

*12/11-21 1951*  
*Wm. S. ...*  
*2/20/51*