

FILED JUL 24 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22781**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **5465** Registrar's No. **631**

390

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

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If rural, give name of town, write RURAL and give township) <b>Springfield</b> OR TOWN <b>Rural N. Campbell Twp.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b> OR TOWN <b>Rural N. Campbell Twp.</b>	
c. LENGTH OF STAY (In this place) <b>20 years</b>		d. STREET ADDRESS (If rural, give location) <b>Springfield R.F.D. # 6</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Springfield R.F.D. # 6</b>			

3. NAME OF DECEASED (Type or Print)		a. (First) <b>FRED</b>		b. (Middle) <b>(NMI)</b>		c. (Last) <b>BRANAM</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 19, 1951</b>		
5. SEX <b>Male ( )</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced - 3</b>		8. DATE OF BIRTH <b>2 June 1912</b>		9. AGE (In years last birthday) Months Days Hours Min. <b>39</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Former laborer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Ship Yards</b>			11. BIRTHPLACE (State or foreign country) <b>Polk County, Missouri ( )</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Robert Branam</b>		13b. MOTHER'S MAIDEN NAME <b>Polly Ann Rose</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none</b>		16. SOCIAL SECURITY NO. <b>500-05-8280</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Lonnie Carter, R.F.D. # 6, Springfield, Missouri</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <b>month</b>	
<p><i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i></p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial insufficiency</b>				<b>a</b>	
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Diabetes</b> DUE TO (c)				<b>years</b>	
		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 <b>260X</b>		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 **3-14-** 19 **51**, to **7-19-** 19 **51**, that I last saw the deceased alive on **7-19-** 19 **51**, and that death occurred at **7:00A** m., from the causes and on the date stated above.

23a. SIGNATURE <b>E. Glenn Pickens, M.D.</b>		23b. ADDRESS <b>407 Medical Arts Bldg.</b>		23c. DATE SIGNED <b>7-20-51</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial ( )</b>		24b. DATE <b>22 July 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Ash Grove</b>		24d. LOCATION (City, town, or county) (State) <b>Ash Greve, Missouri.</b>	
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DATE REC'D BY LOCAL REG. <b>7-20-51</b>		REGISTRAR'S SIGNATURE <b>W.E. Handley MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Paul C. Thiam, Springfield, Missouri</b>	
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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed..... *Paul C. Thiem* .....

Licensed Embalmer No. 2899 .....

P. O. Address Springfield, Missouri. .....

**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.