

FILED FEB 13 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2006

State File No.

BIRTH NO. _____ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 7319 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY MARIES		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MARIES	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BELLE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BELLE	
c. LENGTH OF STAY (in this place) 9 yrs		d. STREET ADDRESS (If rural, give location) 1630	
d. FULL NAME OF HOSPITAL OR INSTITUTION FAMILY HOME			
3. NAME OF DECEASED (Type or Print) a. (First) THOMAS		b. (Middle) B	
c. (Last) BRANSON		4. DATE OF DEATH (Month) (Day) (Year) FEB 2nd 1952	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH NOV 22-1861
9. AGE (In years last birthday) 90		IF UNDER 1 YEAR 12 Months	IF UNDER 24 HRS. 10 Hours
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY own farm	
11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME MARIAN BRANSON		13b. MOTHER'S MAIDEN NAME ELIZEBETH SHOCKLEY	
14. NAME OF HUSBAND OR WIFE MARY BRANSON (DECEASED)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME MRS. HARLEY HARRISON		ADDRESS * BELLE - 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial Degeneration DUE TO (c) 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 4222	
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 <u>Sept 1851</u> , to <u>2/2</u> , 1952, that I last saw the deceased alive on <u>2/1</u> , 1952, and that death occurred at <u>6:30a</u> m., from the causes and on the date stated above.			
23a. SIGNATURE P. H. Schouler M.D. (Degree or title)		23b. ADDRESS Belle, Mo	
23c. DATE SIGNED 2/5/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE FEB. 4th 1952	
24c. NAME OF CEMETERY OR CREMATORY Judge Cemetery		24d. LOCATION (City, town, or county) (State) Osage County, Mo	
DATE REC'D BY LOCAL REG. 2-7-52		REGISTRAR'S SIGNATURE Pauline Howard	
25. FUNERAL DIRECTOR'S SIGNATURE SASSMANN'S FUNERAL SERVICE - BELLE		ADDRESS 188-0	

(Licensed Embalmer's Statement on Reverse Side)

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

630
1

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 *Rexter Dassen*.....

Licensed Embalmer No. 4128.....

P. O. Address Blair - 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.