

No. 300
10-48

JUL 7 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19634**

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **250**

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Andrew	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Vandalia	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hos #1		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) ELSTER b. (Middle) HARVEY c. (Last) BRANSTETER			4. DATE OF DEATH (Month) (Day) (Year) July 2 1952	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W 2	8. DATE OF BIRTH Aug 2 1880	9. AGE (In years last birthday) 71 Months 11 Days
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Watchman		10b. KIND OF BUSINESS OR INDUSTRY dk	11. BIRTHPLACE (City and State or Foreign County) Vandalia Mo	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Thomas S. Bransteter		

13b. MOTHER'S MAIDEN NAME Emma J. Crow		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) dk		16. SOCIAL SECURITY NO. dk		17. INFORMANT'S SIGNATURE OR NAME Hos records State Hos Fulton

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) Heart exhaustion		INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ch. myocarditis		DUE TO (b) _____		
		DUE TO (c) _____		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4222		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 **7-1**, 19**52** to **7-2**, 19**52** and that I last saw the deceased alive on **7-9**, 19**52** and that death occurred at **5:00** p.m., from the causes and on the date stated above.

23a. SIGNATURE Caldwell (Degree or title) MO		23b. ADDRESS State Hos Fulton		23c. DATE SIGNED 7-2-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE July 2 1952		24c. NAME OF CEMETERY OR CREMATORY Vandalia Mo
24d. LOCATION (City, town, or county) Vandalia Mo		24e. (State) Mo		

DATE REC'D BY LOCAL REG. July 5-1952		REGISTRAR'S SIGNATURE Maretha Lawrence 426		25. FUNERAL DIRECTOR'S SIGNATURE Maupin Funeral Home Fulton
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(Licensed Embalmer's Statement on Reverse Side)

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

AUG 1 1952

APR 27 1954

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 J. J. Rosson
Licensed Embalmer No. 2555
P. O. Address Fullerton Me

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.