

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28637**

DEAD AUG 18 1952

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5650 Registrar's No. 102

550

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

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give town or township) Mt. Vernon, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) Neosho	
c. LENGTH OF STAY (in this place) 34 days		d. STREET ADDRESS (If rural, give location) Route #3	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. State Sanatorium			

3. NAME OF DECEASED (Type or Print) a. (First) Lena b. (Middle) Belle c. (Last) Branham		4. DATE OF DEATH (Month) 8 (Day) 12 (Year) 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4-12-93
9. AGE (In years last birthday) 59		IF UNDER 1 YEAR Months 0 Days 0	IF OVER 1 YEAR Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri
			12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Joseph H. Smith		13b. MOTHER'S MAIDEN NAME Cordelia Hussey		14. NAME OF HUSBAND OR WIFE J. D. Branham	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give way or dates of service)		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Ruby Wilson Peck, Record Clerk, Mt. Vernon, Mo. ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		INTERVAL BETWEEN ONSET AND DEATH 4 days	
ANTECEDENT CAUSES		DUE TO (b) Renal Ischaemia		6 days	
DUE TO (c) Post-operative shock				7 days	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Far Adv. Pulmonary Tuberculosis Bronchiectasis		abt 8 yrs. abt 8 yrs.	

19a. DATE OF OPERATION 8-6-52		19b. MAJOR FINDINGS OF OPERATION Bronchiectasis		20. AUTOPSY? YES <input checked="" 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)		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 **7-8-**, 19**52**, to **8-12**, 19**52**, that I last saw the deceased alive on **8-12-**, 19**52**, and that death occurred at **9:12 am.**, from the causes and on the date stated above.

23a. SIGNATURE C. Hollweg M.D. (Degree or title)		23b. ADDRESS Mt. Vernon, Missouri		23c. DATE SIGNED 8-12-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-14-52		24c. NAME OF CEMETERY OR CREMATORY Hazelgreen Cem. Granby, Mo. R.F.D.		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. 8-14-52		REGISTRAR'S SIGNATURE Paul A. ...		25. FUNERAL DIRECTOR'S SIGNATURE ... ADDRESS	
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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 W. Marvin Pogue

Licensed Embalmer No. 3482

P. O. Address Wheaton, 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.