No. 300
10.48

FILED SEP 2- 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29170

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 267

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

1. PLACE OF DEATH
a. COUNTY: St. Francois 0940 2
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL Farmington St. Francois
c. LENGTH OF STAY (in this place): 1Y, 5M, 6Das.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri State Hospital No. 4

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Madison 0620
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL Fredericktown 1
d. STREET ADDRESS (If rural, give location): Route 2

3. NAME OF DECEASED (Type or Print)
a. (First): JESSIE b. (Middle): c. (Last): BRANAM

4. DATE OF DEATH (Month) (Day) (Year): August 23, 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower 2
8. DATE OF BIRTH: March 25, 1876
9. AGE (In years last birthday): 76 If under 1 year: Months 4 Days 28 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Tennessee 1
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Matilda Jane Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Records State Hospital No. 4, Farmington, Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

		Interval between onset and death
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral hemorrhage	4 days
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arteriosclerotic heart disease	Unknown
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Diabetes	Sev. mths.
	Psychosis with cerebral arteriosclerosis.	Sev. years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4200
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 17, 1951, *to* August 23, 1952, *that I last saw the deceased alive on* August 23, 1952, *and that death occurred at* 10:30P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John A. Brennan M.D.
23b. ADDRESS: State Hospital No. 4, Farmington, Missouri
23c. DATE SIGNED: 8-24-1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: 8-26-1952
24c. NAME OF CEMETERY OR CREMATORY: Christian Cemetery
24d. LOCATION (City, town, or county) (State): Fredericktown, Missouri

DATE REC'D BY LOCAL REG.: Aug 26, 1952
REGISTRAR'S SIGNATURE: Esther Rudloff 284
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Sam Namin, Jr., Fredericktown, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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 K Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington, 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.