

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34341

State File No.

FILED NOV 3 1952

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 357

0143
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Shelbyville</u> <u>1020</u>	
c. LENGTH OF STAY (in this place) <u>6 days</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>State Hospital #1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ELIZABETH</u>	b. (Middle) <u>MAY</u>	c. (Last) <u>BRANIC</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>October 31 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>February 20, 1866</u>	9. AGE (In years last birthday) <u>86</u>	# UNDER 1 YEAR <u>8</u> Months	# UNDER 1 DAY <u>11</u> Hours	# UNDER 1 MIN. <u></u> Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u> <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Stephen A. Gunby</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Rynum</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give year or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>State Hospital Records, Fulton, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Heart Disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. 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 <u>443X</u>	20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from October 30 1952, to October 31 1952, that I last saw the deceased alive on Oct. 30, 1952, and that death occurred at 6:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm. J. Premier</u> (Signature or title)	23b. ADDRESS <u>State Hosp #1</u>	23c. DATE SIGNED <u>10/31-52</u>
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24a. BURIAL, CREMATION, REMOVAL <u>Burial</u>	24b. DATE <u>Nov. 3-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>F.O.O.F. Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Shelbyville Mo</u>
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DATE REC'D BY LOCAL REG. <u>Oct. 31-1952</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> <u>426-</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wallace Funeral Home, Fulton, Mo</u>
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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 William E. Treese

Licensed Embalmer No. 4870

P. O. Address Hilton 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.