

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**FILED NOV 17 1952**

State File No. **37679**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1172

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Cochran</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sharkpeople St.</u> <u>0030</u>	
c. LENGTH OF STAY (in this place) <u>4 mo 11 da</u>		d. STREET ADDRESS (If rural, give location) <u>711 Maple St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hosp</u>			

<b>3. NAME OF DECEASED</b> (Type or Print) <u>Galba</u> <u>Branson</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Nov. 6 - 1952</u>		
a. (First)		b. (Middle)	c. (Last)		

<b>5. SEX</b> <u>male</u>	<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>widower</u>	<b>8. DATE OF BIRTH</b> <u>Oct. 2 - 1888</u>	<b>9. AGE</b> (In years last birthday) <u>64.</u>	<b>IF UNDER 1 YEAR</b> Days <u>1</u>	<b>IF UNDER 24 HRS.</b> Hours <u>4</u> Min.
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>laborer</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Missouri</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U</u>
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<b>13a. FATHER'S NAME</b> <u>Charles Branson</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>not given</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>not given</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u>	<b>16. SOCIAL SECURITY NO.</b> <u>none</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs Sherman Knox</u>	<b>ADDRESS</b> <u>Jarvis Mo</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>2 days</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Hypertensive Pneumonia</u>		
	<b>ANTECEDENT CAUSES</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b)</b> <u>Cerebral Hemorrhage</u> <b>DUE TO (c)</b> _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Psychosis Cerebral arterio.</u>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>331X</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from** March 2, 1952, to Nov 6, 1952, that I last saw the deceased alive on Nov 6, 1952, and that death occurred at 3:20 p. m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>Forrest Thomas M.D.</u>	<b>23b. ADDRESS</b> <u>Atchison Mo State Hosp 702</u>	<b>23c. DATE SIGNED</b> <u>11/6-52</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>removal</u>	<b>24b. DATE</b> <u>11/9/1952</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Jarvis Missouri</u>	<b>24d. LOCATION</b> (City, town, or county) (State)
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<b>DATE REC'D BY LOCAL REG.</b> <u>Nov 13, 1952</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Carl C. Castle</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Heaton - Bowman Funeral Home</u>	<b>ADDRESS</b> <u>St Joseph Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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NOV 21 1952

**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 George W. Carter

Licensed Embalmer No. 4874

P. O. Address 319 S 10<sup>th</sup> St

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.