

STANDARD CERTIFICATE OF DEATH

State File No. **36886**

FILED OCT 29 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **298** PRIMARY REG. DIST. NO. **6023** Registrar's No. **14**

890

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

1. PLACE OF DEATH a. COUNTY <b>Ray</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Ray</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Keosauqua</b> c. LENGTH OF STAY (in this place) <b>6 years</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Keosauqua</b> <b>0890</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Street not listed</b>		d. STREET ADDRESS (If rural, give location) <b>Street not listed</b> <b>0</b>	
3. NAME OF DECEASED a. (First) <b>Clare</b> b. (Middle) <b>Oscear</b> c. (Last) <b>Branstetter</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>October 15, 1953</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>December 6, 1887</b> 9. AGE (In years last birthday) <b>65</b> 10. Months <b>10</b> 11. Days <b>9</b> 12. If UNDER 1 YEAR: Hours <b>0</b> 13. If UNDER 2 HRS. Minutes <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>General Farming</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Ray County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Oscear Branstetter</b>		13b. MOTHER'S MAIDEN NAME <b>Emma Roadcap</b>	
14. NAME OF HUSBAND OR WIFE <b>Thomas Branstetter</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service) <b>None</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Thomas Branstetter, Keosauqua, Mo.</b> ADDRESS _____	
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) <b>Acute Nephritis</b> ANTECEDENT CAUSES <b>Arteriosclerosis</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <b>4500</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <b>June 10, 1951</b> , to <b>Oct 15, 1953</b> , that I last saw the deceased alive on <b>Oct. 14, 1953</b> , and that death occurred at <b>11:30 P.M.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>E.H. Wilson M.D.</b> (Degree or title)		23b. ADDRESS <b>Polo Mo</b>	
23c. DATE SIGNED <b>10-19-53</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>Oct 18, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Wakanda</b>	
24d. LOCATION (City, town, or county) (State) <b>Ray County, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>2nd Lt. FUNERAL HOME</b> ADDRESS <b>RICHMOND, MISSOURI per Goodale</b>	
DATE REC'D BY LOCAL REG. <b>Oct 24, 1953</b>		REGISTRAR'S SIGNATURE <b>364 Mrs. Raymond Grove</b>	

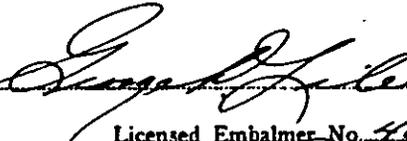
**STATEMENT BY LICENSED EMBALMER**

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  \_\_\_\_\_

Licensed Embalmer No. 4066

P. O. Address Richwood, 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.