

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2255**

FILED FEB 1 1954

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 70			
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri				b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. LENGTH OF STAY (in this place) 1 1/2 yrs.		c. CITY OR TOWN Sedalia		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Community Nursing Home				e. STREET ADDRESS (If rural, give location) 209 E 7th					
3. NAME OF DECEASED (Type or Print) a. (First) ELLEN			b. (Middle) -		c. (Last) BRANHAM		4. DATE OF DEATH (Month) (Day) (Year) Jan 24 1954		
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Oct. 3 1868		9. AGE (In years last birthday) Months Days Hours Min. 85 3 21 - -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (City and State or Foreign Country) Hermitage Mo			12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Andrew Peterson			13b. MOTHER'S MAIDEN NAME unknown			14. NAME OF HUSBAND OR WIFE Deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nursing Home Records Sedalia Mo.				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis Cardiovascular dis ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis, general Morbid conditions, if any, giving 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.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 1221						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 Jan 14, 1954 , to Jan 24, 1954 , that I last saw the deceased alive on Jan 22, 1954 , and that death occurred at 2:30 P.M. from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) F. V. Siegel MD				23b. ADDRESS Smithton Mo				23c. DATE SIGNED 1/26/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/27/1954		24c. NAME OF CEMETERY OR CREMATORY Clarks		24d. LOCATION (City, town, or county) (State) Hermitage Mo			
DATE REC'D BY LOCAL REG. 1/26/54		REGISTRAR'S SIGNATURE A. J. Campbell MD		FUNERAL DIRECTOR'S SIGNATURE Fred Wilkinson		ADDRESS Funeral Home Creston Mo			

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

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 _____
Signature of Student Embalmer

Signed *F. Lee Schaberg*

Licensed Embalmer No. *46*

P. O. Address *Clinton*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.