

STANDARD CERTIFICATE OF DEATH

State File No. **2322**

FILED FEB 15 1954

REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054** Registrar's No. **17**

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give township) Louisiana		c. CITY (If outside corporate limits, write RURAL and give township) Indian Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pike County Hospital		d. STREET ADDRESS (If rural, give location) 5 miles SE Vandalia	

3. NAME OF DECEASED (Type or Print) a. (First) Stephen b. (Middle) Douglas c. (Last) Branstetter			4. DATE OF DEATH Feb 1, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 2	8. DATE OF BIRTH April 8, 1860	9. AGE (In years last birthday) 93	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Mins. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Stock & Grocery	11. BIRTHPLACE (City and State or Foreign Country) Pike County, Missouri	12. CITIZEN OF WHAT COUNTRY? 0
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13a. FATHER'S NAME William Franklin Branstetter	13b. MOTHER'S MAIDEN NAME Maria Goodman	14. NAME OF HUSBAND OR WIFE Laura Branstetter
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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. None	17. INFORMANT'S SIGNATURE OR NAME May Meyers, Curryville, Missouri	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1-26 to 2-1-54
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Shock, from fracture of left hip DUE TO (c) E9040 21		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Vandalia Audrian Mo.
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21d. TIME OF INJURY 1-26-54 A.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Patient Fell
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22. I hereby certify that I attended the deceased from **1-26, 1954**, to **2-1, 1954**, that I last saw the deceased lying on **1-31, 1954**, and that death occurred at **3:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title)	23b. ADDRESS Louisiana, Missouri	23c. DATE SIGNED 2-2-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb 2, 1954	24c. NAME OF CEMETERY OR CREMATORY New Harmony Cemetery	24d. LOCATION (City, town, or county) (State) Pike County, Missouri
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DATE REC'D BY LOCAL REG. Feb. 2, 1954	REGISTRAR'S SIGNATURE [Signature]	FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Vandalia, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

No. 300
10.48

821
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WRITE PLAINLY—USING UNFADING 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
Student Embalmer

Signed: William B. Hatus

Licensed Embalmer No. 4169

P. O. Address Vandalia, 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.