

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31973

FILED OCT 14 1955

BIRTH NO. 62076.55 REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 1815 State File No. _____ Registrar's No. 144

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston (Rural) Richland</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston (Rural)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt. 4 Box 208</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. 4 Box 208</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Robert</u>	b. (Middle) <u>-----</u>	c. (Last) <u>Branyon</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 30 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Col.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>-----</u>	8. DATE OF BIRTH <u>Sept. 26, 1955</u>	9. AGE (In years last birthday) <u>-----</u>	IF UNDER 1 YEAR Months <u>-----</u>	IF UNDER 1 YEAR Days <u>4</u>	IF UNDER 24 HRS. Hours <u>-----</u>	IF UNDER 24 HRS. Min. <u>-----</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>-----</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-----</u>		11. BIRTHPLACE (State or foreign country) <u>Sikeston, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>E.L. Wesley Branyon</u>	13b. MOTHER'S MAIDEN NAME <u>Bertha Lee Cozar</u>	14. NAME OF HUSBAND OR WIFE <u>-----</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>-----</u>	17. INFORMANT'S SIGNATURE OR NAME <u>E.L. Wesley Branyon</u>	ADDRESS <u>Rt. 4 Box 208 Sike. 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 da</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malnutrition</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Extreme neglect</u> DUE TO (c) <u>-----</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>9269</u>	

19a. DATE OF OPERATION <u>-----</u>	19b. MAJOR FINDINGS OF OPERATION <u>46</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>-----</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-----</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Scott</u> (COUNTY) <u>-----</u> (STATE) <u>-----</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>-----</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>-----</u>

22. I hereby certify that I attended the deceased from First call after death, to 10, that I last saw the deceased alive on -----, 19-----, and that death occurred at 4:30 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Helena C. Buckthorpe, M.D. Health Officer</u>	23b. ADDRESS <u>Benton, Mo</u>	23c. DATE SIGNED <u>10-3-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 1, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Addition Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Sikeston, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>10-3-55</u>	REGISTRAR'S SIGNATURE <u>Max E. Hunter</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>F. J. Spauld</u>	ADDRESS <u>Sikeston, Missouri</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK

DATE RECEIVED OCT 10 1955

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1055-215

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

Body Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer.

Signed

Frank J. Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.