

FILED NOV 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34503

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 322

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cantwell</u>	c. LENGTH OF STAY (in this place) <u>25 yrs</u>	c. CITY OR TOWN <u>Cantwell</u>	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 <u>Cantwell Residence</u>		STREET ADDRESS (If rural, give location) <u>0970</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>John</u>	b. (Middle) <u>Thomas</u>	c. (Last) <u>Branham</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 6 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 2, 1866</u>	9. AGE (In years) (Month) (Day) <u>89</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>4</u>	IF UNDER 24 HRS. Hours <u>4</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Miner</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>National Lead</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Iron County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S</u>
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13a. FATHER'S NAME <u>John Branham</u>	13b. MOTHER'S MAIDEN NAME <u>Mary E. Womack</u>	14. NAME OF HUSBAND OR WIFE <u>Addie Branham</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Addie Branham Cantwell, Mo.</u>	ADDRESS
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2d</u>
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Pneumonia</u>	ANTECEDENT CAUSES	

2. ANTECEDENT CAUSES	DUE TO (b) <u>491x</u>
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	

3. OTHER SIGNIFICANT CONDITIONS	DUE TO (c) <u>arterio-sclerotic degeneration</u>
Conditions contributing to the death but not related to the disease or condition causing death <u>arterio-sclerotic heart disease</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>290 Arterio</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Nov 54, 1954 to 11-6, 1955, that I last saw the deceased alive on 11-1, 1955, and that death occurred at 12:35 am, from the causes and on the date stated above.

23a. SIGNATURE <u>H. C. Baker M.D.</u>	23b. ADDRESS <u>Desloge, Mo.</u>	23c. DATE SIGNED <u>11-7-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/8/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Workman Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Francois Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 7, 1955</u>	REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Z. Boyer & Son Desloge, Mo.</u>	ADDRESS
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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.....
Signature of Student Embalmer

Signed... *B. T. Byer*
Licensed Embalmer No. 36

P. O. Address Desloge, Mi

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.