

FILED APR 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8707**

BIRTH NO. _____		REG. DIST. NO. 122		PRIMARY REG. DIST. NO. 2000		Registrar's No. 347	
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stone			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Crane		d. STREET ADDRESS (If rural, give location) 10401	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hiway #166							
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) W c. (Last) Branstetter			4. DATE OF DEATH (Month) (Day) (Year) April 11 1956				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 28 1890		9. AGE (In years last birthday) 65	# UNDER 1 YEAR Days 5	# UNDER 2 MRS. Hours 23 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (City and State or Foreign Country) Stone County Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Branstetter		13b. MOTHER'S MAIDEN NAME Rhoda Ledbetter		14. NAME OF HUSBAND OR WIFE Nora Branstetter			
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 Mrs. J.W. Branstetter ADDRESS Crane, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary Paralysis	DUPLICATE OF (b) Cardiac Decompensation						April 6, 1956
DUPLICATE OF (c) Myocardial Infarction							April 11 - 1956
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus							4 days
							Unknown
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 October 10, 1955, to April 11, 1956 , that I last saw the deceased alive on April 11, 1956 , and that death occurred at 9:45 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Glenn Rea Ellis D.O.				23b. ADDRESS Crane Missouri		23c. DATE SIGNED April 11, 1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-12-56	24c. NAME OF CEMETERY OR CREMATORY Masonic		24d. LOCATION (City, town, or county) (State) Crane, Missouri		
DATE REC'D BY LOCAL REG. 4-11-56		REGISTRAR'S SIGNATURE Edith Williamson		25. GENERAL DIRECTOR'S SIGNATURE George H. Manlove ADDRESS Crane, Mo.			

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 _____

Lewis A. Schaff

Licensed Embalmer No. *380*

P. O. Address *Springfield, 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.