

alth,  
elfare  
blic  
ervice

000  
-56

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 20 1956

STATE FILE NUMBER  
31380  
316

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 573

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ralls</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hannibal</b>		c. CITY OR TOWN <b>New London</b>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Levering Hospital</b>		d. STREET ADDRESS <b>R R # 3</b>	

3. NAME OF DECEASED (Type or print) <b>Elmer Sutton Bramblett</b>			4. DATE OF DEATH <b>September 8, 1956</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>September 24, 1899</b>	9. AGE (In years last birthday) <b>56</b>	10. MONTHS <b>11</b> DAYS <b>14</b> HOURS <b></b> MIN. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Edge Trimmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>International Shoe</b>		11. BIRTHPLACE (City and state or country) <b>Ralls County Missouri</b>	
13. FATHER'S NAME <b>William T. Bramblett</b>			14. MOTHER'S MAIDEN NAME <b>Orpha Bramblett</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No None</b>		16. SOCIAL SECURITY NO. <b>490 07 4540</b>		17. INFORMANT <b>Mrs. Elmer Bramblett</b>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Infarction</b>			INTERVAL BETWEEN ONSET AND DEATH <b>10 min.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Coronary Insufficiency</b>		
	DUE TO (c) <b>Ventricular Ectopy</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>4201</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <b></b> Month <b></b> Day <b></b> Year <b></b> a. m. <b></b> p. m. <b></b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION <b>Hannibal, Mo.</b>		20g. COUNTY <b>Ralls</b>

21. I attended the deceased from **Feb 1, 1956** to **Sept. 8, 1956** and last saw her/him alive on **Sept. 7, 1956**. Death occurred at **3:05 P.M.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **John Canella M.D.** (Degree or title) 22b. ADDRESS **Hannibal, Mo.** 22c. DATE SIGNED **9/11/56**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **9/11/56** 23c. NAME OF CEMETERY OR CREMATORY **Grand View Burial Park** 23d. LOCATION (City, town, or county) **Hannibal Missouri** (State)

24. FUNERAL DIRECTOR **W. E. ...** ADDRESS **Hannibal Missouri** 25. DATE RECD. BY LOCAL REG. **9-13-56** 26. REGISTRAR'S SIGNATURE **Dr. E. M. Lucke by W. E. ...**

RECEIVED SEP 19 1956  
MARION CO. HEALTH DEPT.  
DATE FILED SEP 19 1956

SEP 18 1956

---

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *W. Crawford Smith*.....

Licensed Embalmer No...381

P. O. Address...Hannibal, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.