

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33449

State File No.

FILED NOV 5 - 1956
BIRTH NO. 58088-56 REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 314

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a- STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. LENGTH OF STAY (in this place) 1 Day	c. CITY OR TOWN 1322 Cottage Lane
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> e. STREET ADDRESS (If rural, give location) Jefferson City, Mo.	
3. NAME OF DECEASED (Type or Print) a. (First) GREGORY b. (Middle) c. (Last) BRANCH			4. DATE OF DEATH (Month) (Day) (Year) OCT. 25, 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 19/2/56
9. AGE (In years last birthday) 0		10. MONTH 1	11. DAY 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Robert Branch	
13b. MOTHER'S MAIDEN NAME Viola Sandbothe		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Robert Branch
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, asthemia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Enlarged thymus & congenital DUE TO (b) _____ DUE TO (c) _____ 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 7593	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 10-22-56 to Oct 25, 1956 that I last saw the deceased alive on Oct 25, 1956 and that death occurred at 2:30 p.m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) R. P. Darris M.D. - M.P.		23b. ADDRESS Jefferson City	
23c. DATE SIGNED 10-29-56		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 10/21/56		24c. NAME OF CEMETERY OR CREMATOR Y R-surrection	
24d. LOCATION (City, town or county) (State) Jefferson City, Mo		25. FUNERAL DIRECTOR'S SIGNATURE Sylvester Dulle	
DATE REC'D BY LOCAL REG. 30 Oct 1956		ADDRESS J C Mo.	

(Licensed Embalmer's Statement of Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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..... *Sebastiano Della*
Licensed Embalmer No. *4381*
P. O. Address *Pepper City*

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.