

FILED FEB 25 1957

STANDARD CERTIFICATE OF DEATH

State File No. **4412**

BIRTH NO. _____ REG. DIST. NO. **132** PRIMARY REG. DIST. NO. **3021** Registrar's No. **222**

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

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Grundy	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Trenton		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Trenton 0402
d. FULL NAME OF HOSPITAL OR INSTITUTION: 507 W. 4th St.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS 507 W. 4th Street		(If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) Jesse	c. (Last) Brannam	4. DATE OF DEATH (Month) (Day) (Year) Feb. 11, 1957
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 7, 1892	9. AGE (in years last birthday) 64	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Mercer County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Moses Brannam	13b. MOTHER'S MAIDEN NAME Mary Ann	14. NAME OF HUSBAND OR WIFE Maggie Stringer Brannam
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 497-40-7461	17. INFORMANT'S SIGNATURE OR NAME Maggie Brannam	ADDRESS Trenton, Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 year
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Bladder		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. 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	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) 181X
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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?
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22. I hereby certify that I attended the deceased from **Feb 7**, 1956, to **Feb 10**, 1957, that I last saw the deceased alive on **Feb 10, 1957**, and that death occurred at **2:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE M. S. Brannam M.D.	(Degree or title) M.D.	23b. ADDRESS Trenton Mo	23c. DATE SIGNED
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24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-13-57	24c. NAME OF CEMETERY OR CREMATORY Maple Grove	24d. LOCATION (City, town, or county) (State) Trenton Mo.
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DATE REC'D BY LOCAL REG. 2-13-57	REGISTRAR'S SIGNATURE Gene Fair	25. FUNERAL DIRECTOR'S SIGNATURE Ginson Funeral Home	ADDRESS Trenton, Mo.
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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 *Leo H. Whitaker*

Licensed Embalmer No. *478*

P. O. Address *Trenton*

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.