

FILED JUN 6 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 017565

State File No.

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 254

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Joplin	c. LENGTH OF STAY (In this place) _____	c. CITY OR TOWN Joplin	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 St John's Hospital		STREET ADDRESS (If rural, give location) 221 N. Gray	

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Ann c. (Last) Branstetter			4. DATE OF DEATH (Month) (Day) (Year) 5-20-1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDQWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec 27, 1873		9. AGE (In years last birthday) 83
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Homemaking	11. BIRTHPLACE (City and State or Foreign Country) Lands End, England		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Edward Martin	13b. MOTHER'S MAIDEN NAME Mary Ann Martin	14. NAME OF HUSBAND OR WIFE Roy Branstetter, Deceased
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 ADDRESS Jack Spiker, 221 N. Gray Joplin, Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac Decompensation DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 1 wk. 1 yr.
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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) m.	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 11-28-, 1950, to 5-20-, 1957, that I last saw the deceased alive on 5-20, 1957, and that death occurred at 6:20 Am., from the causes and on the date stated above.

23a. SIGNATURE <i>Alice H. Wilson, M.D.</i> (Degree or title)	23b. ADDRESS 1923 Sergeant, Joplin, Mo	23c. DATE SIGNED 5-27-57
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-21-1957	24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery
24d. LOCATION (City, town, or county) Joplin, Missouri	24e. (State)	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thornhill-Dillon Kort, Joplin, Mo
DATE REC'D BY LOCAL REG. 5/29/57	REGISTRAR'S SIGNATURE <i>Doyle Merriam</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thornhill-Dillon Kort, Joplin, Mo

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..... *David Dillon*

Licensed Embalmer No. *3898*

P. O. Address *Joplin, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.