U.S. No. 300
Rev. 10.48

FILED FEB 10 1958

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 2126

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3042 Registrar's No. 12

**1. PLACE OF DEATH**
a. COUNTY: Newton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ne osho
c. LENGTH OF STAY (In this place): 4 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sale Memorial Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Newton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Neosho
d. STREET ADDRESS (If rural, give location): Route # 5

**3. NAME OF DECEASED** (Type or Print)
a. (First): Martin
b. (Middle): M.
c. (Last): Branham

**4. DATE OF DEATH** (Month) (Day) (Year): Jan 23, 1958

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: July 12, 1866
**9. AGE** (In years last birthday): 91 — If under 1 year: Months 62, Days 11; If under 1 hr.: Hours, Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Retired Farmer
**10b. KIND OF BUSINESS OR INDUSTRY**: Farming
**11. BIRTHPLACE** (City and State or Foreign Country): Nashville, Tennessee
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: John Branham
**13b. MOTHER'S MAIDEN NAME**: Ann Fulps
**14. NAME OF HUSBAND OR WIFE**: Deceased

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No — (If yes, give war or dates of service): None
**16. SOCIAL SECURITY NO.**:
**17. INFORMANT'S SIGNATURE OR NAME**: Harvey Branham — ADDRESS: Neosho, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Uremic Coma — INTERVAL BETWEEN ONSET AND DEATH: 25 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerosis
DUE TO (c) Chronic Interstitial Nephritis

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death:* Pulmonary Fibrosis

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**: None
592x
**20. AUTOPSY?** YES ☐ NO ☒

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**:

**22.** *I hereby certify that I attended the deceased from* Dec 1957 *to* Jan 23, 1958, *that I last saw the deceased alive on* Jan 23, 1958, *and that death occurred at* 2:30 P.M., *from the causes and on the date stated above.*

**23a. SIGNATURE**: Melvin C. Bowman MD (Degree or title)
**23b. ADDRESS**: Neosho, Mo
**23c. DATE SIGNED**: 2-1-58

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 1-25-1958
**24c. NAME OF CEMETERY OR CREMATORY**: I.O.O.F. Cemetery
**24d. LOCATION** (City, town, or county) (State): Neosho, Missouri

**DATE REC'D BY LOCAL REG.**: 2-1-58
**REGISTRAR'S SIGNATURE**: Melvin C. Bowman MD
**25. FUNERAL DIRECTOR'S SIGNATURE**: Clark Funeral Home — ADDRESS: Neosho, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Dr Bowman

RECEIVED
District Health Officer No. Newton
District File Number 258-30
Date Filed FEB 7 1958

FEB 13 1958

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 Fred L. Clark, Student Embalmer No. 556, working under my personal supervision.

Student Fred L. Clark
Student Embalmer

Signed Marvellen Tuckett

Licensed Embalmer No. 4466

P. O. Address Neosho, 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.