

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018945
State File No.

FILED MAY 19 1958

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 2040 Registrar's No. 133

5924

1. PLACE OF DEATH a. COUNTY Livingston		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 town) Chillicothe		c. CITY OR TOWN Trenton	
c. LENGTH OF STAY (in this town) One Year		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 Susan's Nursing Home		e. STREET ADDRESS (If rural, give location) 715 Emma Street	

3. NAME OF DECEASED (Type or Print)	a. (First) Lenora	b. (Middle) Alice	c. (Last) Brannam	4. DATE OF DEATH (Month) (Day) (Year) May 11 1958
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 9, 1886	9. AGE (in years last birthday) 71	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) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William Kemp	13b. MOTHER'S MAIDEN NAME Alice Bratton	14. NAME OF HUSBAND OR WIFE John G. Brannam
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME John G. Brannam	ADDRESS Trenton, Missouri
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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 2 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism		
	ANTECEDENT CAUSES		6 yrs.
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial Failure		
	DUE TO (c) Generalized Arteriosclerosis		
	II. OTHER SIGNIFICANT CONDITIONS		5-6 yrs.
	Conditions contributing to the death but not related to the disease or condition causing death. TABES DORSALIS		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 2 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) 45008
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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 Apr 10, 1956, to MAY 11, 1958, that I last saw the deceased alive on 5-11-58, 1958, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE R. W. Matheny (Degree or title) D.O.	23b. ADDRESS Chillicothe, Mo.	23c. DATE SIGNED 5/13/58
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 14, 1958	24c. NAME OF CEMETERY OR CREMATORY Maple Groves	24d. LOCATION (City, town, or county) (State) Trenton, Missouri
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DATE REC'D BY LOCAL REG. 5-11/58	REGISTRAR'S SIGNATURE Francis B. Neal	25. FUNERAL DIRECTOR'S SIGNATURE Donald H. Slater	ADDRESS Trenton, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Ronald H Slater

Licensed Embalmer No..... 4467

P. O. Address..... Trenton, 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.