

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-021768

STATE FILE NUMBER

Health,  
Welfare  
Public  
Service

300  
1-56  
0470

FILED JUN 18 1958 Registration District No. 144 Primary Registration District No. 5562 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Iron	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural-Arcadia		c. CITY OR TOWN Rural-Arcadia	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION The Home for Aged Baptists		Length of stay in lb. da. 1 yr. 7 mo. 30 da.	
3. NAME OF DECEASED (Type or print) Marie L. Brannon		4. DATE OF DEATH June 9, 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 6, 1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	9. AGE (In years last birthday) 79
11. BIRTHPLACE (City and state or country) Dozier, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S.	
13. FATHER'S NAME Powell Guidermuth		14. MOTHER'S MAIDEN NAME Sarah Graham	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Address Dolores Weiss, Ironton, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerosis.  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 1 yr.  4500
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Ironton		COUNTY STATE	
21. I attended the deceased from July 1 '57, to 6-9-58 and last saw her alive on 6-6-58 Death occurred at 10 A. M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Marion C. Menne MD		22b. ADDRESS Ironton, Missouri	
22c. DATE SIGNED 6/10/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 6-11-58	
23c. NAME OF CEMETERY OR CREMATORY Home Cemetery		23d. LOCATION (City, town, or county) Ironton Missouri (State)	
24. FUNERAL DIRECTOR (Name and address) White Funeral Home, Ironton Mo.		25. DATE RECD. BY LOCAL REG. 6-12-58	
26. REGISTRAR'S SIGNATURE Mrs. Avis Jones			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Do not check any of the boxes in Part I unless the symptoms are listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

8961 28 NNP

SEP 26 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 ....., Student Embalmer No. .... working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed *Amel J. White* .....

Licensed Embalmer No. *301*

P. O. Address *Porter*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.