

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031625
STATE FILE NUMBER

FILED SEP 25 1958 Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 195

1. PLACE OF DEATH a. COUNTY Audrain		5. SEX Male <i>C</i>		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan 17, 1878		9. AGE <i>80</i> (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Vandalia <i>0041</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 202 East Union		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Hospital		Length of stay in 1b 2 weeks		3. NAME OF DECEASED (Type or print) First Middle Last William Henry Branstetter				4. DATE OF DEATH Month Day Year Sep 5, 1958			
10a. USUAL OCCUPATION (Give kind of work done during normal working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Stock & Grain			11. BIRTHPLACE (City and state or country) Pike County, Missouri			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Henry Adam Branstetter				13b. MOTHER'S MAIDEN NAME Mary Duncan				14. NAME OF HUSBAND OR WIFE Minnie Branstetter			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT Lester Branstetter, Vandalia, 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) Anterior Myocardial Infarction									INTERVAL BETWEEN ONSET AND DEATH 8-20-58		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) had - original infarction - 8-20-58											
DUE TO (c) Second and last - 9-5-58									4201 9-5-58		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)									19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) X								
20c. TIME OF INJURY Hour Month, Day, Year a.m. <input checked="" type="checkbox"/> p.m. <input type="checkbox"/>			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>								
20e. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.) Mexico			20f. CITY, TOWN, OR LOCATION Audrain			COUNTY Mo			STATE		
21. I attended the deceased from 8-20-58 to 9-5-58 and last saw ^{her} him alive on 9-4-58 Death occurred at 12:30 9-5-58 A M on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE Larry F. O'Brien M.D.						22b. ADDRESS Wendell Newman			22c. DATE SIGNED 9-29-58		
23a. BURIAL, CREMATION REMOVAL (Specify) Burial		23b. DATE Sep 7, 1958		23c. NAME OF CEMETERY OR CREMATORY Vandalia Cemetery			23d. LOCATION (City, town, or county) (State) Vandalia, Missouri				
24. FUNERAL DIRECTOR William B Waters				ADDRESS Vandalia, Mo.		25. DATE RECD. BY LOCAL REG. Sep 7-1958		26. REGISTRAR'S SIGNATURE Blanche Neely			

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

HARRY O'BRIEN, MD
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

SEP 25 1958

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 *William B. Waters*

Licensed Embalmer No. *4169*

P. O. Address *Vandalia, 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.