Health, Welfare Public Service

300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 59-000256

FILED JAN 12 1959 Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): St. Joseph — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): D.O.A. St. Joseph Hosp — Length of stay in 1b: 45 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 2316 Lafayette — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Clarence Middle: D. Last: Branski

4. DATE OF DEATH: Month: January Day: 3 Year: 1959

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED [ ] **NEVER MARRIED** [X] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: April 26, 1913

9. AGE (In years last birthday): 45 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Packer

10b. KIND OF BUSINESS OR INDUSTRY: Wesbab

11. BIRTHPLACE (City and state or country): St. Joseph, Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Julius Branski

13b. MOTHER'S MAIDEN NAME: Dora Compton

14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 491-09-8152

17. INFORMANT: Julius Branski Address: 2316 Lafayette City

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: 5 min.
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): 4261

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year.

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Unattended to ____ and last saw her/him alive on ____
Death occurred at 5:25 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Assistant City Health Officer — **22b. ADDRESS** 1302 Faraon St Joseph — **22c. DATE SIGNED** 1-5-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b. DATE**: January 7 1959 **23c. NAME OF CEMETERY OR CREMATORY**: Mt. Olivet Cemetary **23d. LOCATION** (City, town, or county): St. Joseph (State): Missouri

24. FUNERAL DIRECTOR: H.O. Siebenfaden & Son **ADDRESS**: St Joseph, Mo. **25. DATE RECD. BY LOCAL REG.**: Jan. 6, 1959 **26. REGISTRAR'S SIGNATURE**: Mrs. Clark Gordell

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

Dr. L.H. Pfifer

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Motherhood

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 Robert L. Yaple

Licensed Embalmer No. 3308

P. O. Address St. Joseph, 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.