

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021230
State File No.

FILED JUN 24 1959

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1602 Registrar's No. 2830

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City mo</u>		c. CITY OR TOWN <u>Kansas City mo</u>	
c. LENGTH OF STAY (in this place) <u>10 yrs</u>		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 <u>12 W 81st Street</u>		e. STREET ADDRESS (If rural, give location) <u>12 W. 81st Street</u>	

3. NAME OF DECEASED (Type or Print) <u>Mrs Jessie M. Branson</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>June 10 1959</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>10-10-1904</u>	9. AGE (If years last birthday) <u>54</u>	IF UNDER 1 YEAR Month: _____ Day: _____	IF UNDER 4 HRS. Hour: _____ Min: _____
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10a. OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at Home</u>	11. BIRTHPLACE (City and State of Foreign Country) <u>Osage Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
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13a. FATHER'S NAME <u>William M Wise</u>	13b. MOTHER'S MAIDEN NAME <u>Mollie Johnson</u>	14. NAME OF HUSBAND OR WIFE <u>Richard L Branson</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>509-12-8955</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Richard L Branson</u>	ADDRESS <u>12 W 81st St</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>8 years</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Heart Disease</u>	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>hemiplegia; pyelonephritis</u>		

* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension

DUE TO (c)

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>443X</u>	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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)
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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 May 7, 1951, to June 10, 1959, that I last saw the deceased alive on June 10, 1959, and that death occurred at 9:35 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Martin J. Mueller M.D.</u>	23b. ADDRESS <u>535 Angya Bldg KCMO</u>	23c. DATE SIGNED <u>6-10-59</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6-10-59</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fredonia Kansas</u>	24d. LOCATION (City, town, or county) (State) <u>Fredonia Kansas</u>
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DATE REC'D BY LOCAL REG. <u>6-10-59</u>	REGISTRAR'S SIGNATURE <u>Neve Minshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>France-Urnnall Funeral Home</u>	ADDRESS
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD
Martin J. Mueller

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 *Russell N. Frank*.....

Licensed Embalmer No. *429*.....

P. O. Address *K.C. 77*.....

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.