MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS OCT 2 1959

59-032811

STATE FILE NUMBER

Registration District No. 157 Primary Registration District No. 4248 Registrar's No. 182

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Sarcoxie Mo — Length of stay in 1b: Life
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Home — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: Jasper
c. CITY OR TOWN: Sarcoxie — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): Mo — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Sara Middle: Ella Last: Branstetter
4. DATE OF DEATH: Month 9 Day 19 Year 59
5. SEX: F
6. COLOR OR RACE: Wh
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: 2-2-87
9. AGE (last birthday): 72 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Keeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Lawrence Co Mo
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Ben White
13b. MOTHER'S MAIDEN NAME: Katherine Downey
14. NAME OF HUSBAND OR WIFE: Perry Branstetter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Ethel White — Address: Sarcoxie Mo

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: 30 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arterio Sclerosis — 3 years
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 1 Sept 1957, to 5 Sept 19 59 and last saw her alive on Sept 15 59
Death occurred at 9 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Leroy Simmons (Degree or title) MD.
22b. ADDRESS: Sarcoxie, Mo
22c. DATE SIGNED: 24 Sept 59

23a. BURIAL, CREMATION, REMOVAL (Specify): Buried
23b. DATE: 9-22-59
23c. NAME OF CEMETERY OR CREMATORY: Union Cem
23d. LOCATION (City, town, or county) (State): Stotts City Mo
24. FUNERAL DIRECTOR: Jackson & Son — ADDRESS: Sarcoxie Mo
25. DATE RECD. BY LOCAL REG.: 9-25-59
26. REGISTRAR'S SIGNATURE: Thomas C Dunlop

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT BY AFFIDAVIT OF

OCT 20 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Wm K. Jackman

Signature of Student Embalmer

Licensed Embalmer No. 395

P. O. Address Doncaster

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