

R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-014756

ED VS MAY 4 1960

113

Primary Registration District No. 5734

Registrar's No. 47

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Franklin	
b. CITY (If outside corporate limits, give TOWNSHIP or Precinct) (Anaconda) near St. Clair - yrs OR TOWN (Anaconda) near St. Clair		c. CITY OR TOWN (Anaconda) near St. Clair	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At home Sm (St. Clair)		d. STREET ADDRESS 5-M' from St. Clair	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First John Middle Nathan Last BRANSON			4. DATE OF DEATH April 21 - 1960 Month Day Year			
5. SEX Male	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 Aug 4 - 1876	9. AGE (last birthday) 83	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or retired) Farmer - Laborer		10b. KIND OF BUSINESS OR INDUSTRY Own farm - Public Works	11. BIRTHPLACE (City and state or country) Osage County		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John BRANSON		13b. MOTHER'S MAIDEN NAME Elizabeth Shockley		14. NAME OF HUSBAND OR WIFE Sophia Drifttith		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs Sophia Branson, Mo Address R. F. St. Clair		

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 Thrombosis - Infarction 16 hrs**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Arteriosclerotic Heart Disease 10 yrs**

DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Virus Respiratory Infection 1 wk Previous

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 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	COUNTY	STATE
21. I attended the deceased from 12/27/58 to 4/21/60 and last saw ^{her} him alive on 4/21/60 Death occurred at 4:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) Ronald X Scott		22b. ADDRESS Sullivan Mo		22c. DATE SIGNED 4/23/60	
23a. BURIAL CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)		
Burial	April 24 - 1960	Liberty Cemetery	Belle - Mo.		
24. FUNERAL DIRECTOR'S ADDRESS Chute Sasser, Belle - Mo		25. DATE RECD. BY LOCAL REG. 4/25/60	26. REGISTRAR'S SIGNATURE Barney Smith Dpty.		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____
Signature of Student Embalmer

Signed Chute Lassman

Licensed Embalmer No. 4178

P. O. Address Blond - N

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