

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-022821

UNDECEASED

FILED VS JUN 27 1960 *28*

Registration District No. *28* Primary Registration District No. *2000* Registrar's No. *672*

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE New Mexico COUNTY Bernardillo			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in 1b 6 hr, 45 min		c. CITY OR TOWN Albuquerque		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1820 June, N.E.			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MARY Middle SUE Last BRANKS				4. DATE OF DEATH Month June Day 16 Year 1960			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Oct 24, 1959	9. AGE (last birthday) 7 Months 22 Days	IF UNDER 1 YEAR Hours --- Min. ---	IF UNDER 24 HR Hours --- Min. ---
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child			10b. KIND OF BUSINESS OR INDUSTRY child		11. BIRTHPLACE (City and state or country) Albuquerque, N.M.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Robert E. Branks			13b. MOTHER'S MAIDEN NAME Joan Cress			14. NAME OF HUSBAND OR WIFE ---	
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 Joseph Branks, Janesville, Wisconsin			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral contusion & extensive skull fracture, multiple Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) skull fracture, multiple DUE TO (c) ---						INTERVAL BETWEEN ONSET AND DEATH	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Two car accident					
20c. TIME OF INJURY Hour 9 Month 6 Day 16 Year 60 a.m. --- p.m. ---	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.) W 66 near James STORE		20f. CITY, TOWN, OR LOCATION Greene MO.		COUNTY --- STATE MO.	
21. I attended the deceased from 6-16-60 to 6-16-60 and last saw her alive on 6-16-60 Death occurred at 12:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE John A. K. ... M.D.			22b. ADDRESS 1636 S. Glenstone, Springfield, MO.			22c. DATE SIGNED 6-21-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE June 18, 1960	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet		23d. LOCATION (City, town, or county) (State) Janesville, Wisconsin			
24. FUNERAL DIRECTOR Jewell, C. Windle ADDRESS Springfield, Mo.			25. DATE RECD. BY LOCAL REG. 6-23-60		26. REGISTRAR'S SIGNATURE Effie S. Meehan		

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 *Robert E. Miller*

Licensed Embalmer No. *4916*

P. O. Address *Springfield*

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.