URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS JAN 1 0 1961

-60-047209

STATE FILE NUMBER

ENDED

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 518

1. PLACE OF DEATH
a. COUNTY: St Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Bonne Terre
Length of stay in 1b: 50 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 105 S Dover St
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: St Francois
c. CITY OR TOWN: Bonne Terre
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 105 S. Dover St
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Lena Middle: M Last: Branam
4. DATE OF DEATH: Month: Dec Day: 29, Year: 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8-14-1895
9. AGE (last birthday): 65
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Missouri
12. CITIZEN OF WHAT COUNTRY: US
13a. FATHER'S NAME: James T Boyer
13b. MOTHER'S MAIDEN NAME: Mary Boyer
14. NAME OF HUSBAND OR WIFE: Joseph Branam
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.: None
17. INFORMANT: Nick Harshaw, DeSota, Mo.
Address:

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): Generalized arteriosclerosis
INTERVAL BETWEEN ONSET AND DEATH: ?
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)
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 7-8-55, to 12-27-60 and last saw her/him alive on 12-27-60
Death occurred at 9:00 A. M. m on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE (Degree or title): [signature] MD
22b. ADDRESS: Bonne Terre, Mo.
22c. DATE SIGNED: 12-30-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Dec 31, 1960
23c. NAME OF CEMETERY OR CREMATORY: St Joseph Catholic
23d. LOCATION (City, town, or county) (State): Bonne Terre, Mo
24. FUNERAL DIRECTOR: C. Z. Boyer & Son, Inc.
ADDRESS: Bonne Terre, Mo.
25. DATE RECD. BY LOCAL REG.: Dec. 30, 1960
26. REGISTRAR'S SIGNATURE: Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

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 Burlin T. Boyd, Jr.

Signature of Student Embalmer

Licensed Embalmer No. 5117

P. O. Address BONNE TERR

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