

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-026149

STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 104

FILED Jul 24 1961

AMENDED

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti		c. CITY OR TOWN Portageville, Mo.	
Length of stay in lb		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pemiscot Memorial Hosp.		d. STREET ADDRESS (If outside, give location) Yes <input type="checkbox"/> No <input type="checkbox"/>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Jessie Middle Branch Last Branch			4. DATE OF DEATH Month June Day 26 Year 1961			
5. SEX Male	6. COLOR OR RACE Colored	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/7/1889	9. AGE (last birthday) 71	IF UNDER 1 YEAR Months 6 Days 19	IF UNDER 24 HR Hours 19 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Laborer		11. BIRTHPLACE (City and state or country) Mississippi		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Humphrey Branch		13b. MOTHER'S MAIDEN NAME Ella Rigby		14. NAME OF HUSBAND OR WIFE none		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT Rafé Branch		Address Portageville, Missouri	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute C. V. A.			INTERVAL BETWEEN ONSET AND DEATH 30 days
DUE TO (b) H. C. V. D.			
DUE TO (c) Rheumatic Heart Disease with Arricollen Fibrillation			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease given in PART I (a) None			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 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.)	
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20c. TIME OF INJURY Hour Hour Month, Day, Year	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 Portageville	COUNTY Missouri	STATE
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21. I attended the deceased from **28 May 1961** to **26 June 1961** and last saw **him** live on **26 June 1961**.
Death occurred at **12:30 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Andrew E. Painter M.D.		22b. ADDRESS 223 King St. Portageville, Missouri		22c. DATE SIGNED 14 July 61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/2/61	23c. NAME OF CEMETERY OR CREMATORY Portageville Cemetery	23d. LOCATION (City, town, or county) (State) Portageville, Missouri	

24. FUNERAL DIRECTOR Delisle Funeral Home	ADDRESS Portageville, Mo.	25. DATE RECD. BY LOCAL REG. 7-18-61	26. REGISTRAR'S SIGNATURE Charlotte E. Sloan
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

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 Joseph A. DeLoach
Licensed Embalmer No. 44181

P. O. Address Fort Wayne

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.