

FILED AUG 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26589

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4194 Registrar's No. 32.

1. PLACE OF DEATH. a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Albany</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Albany</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>301 Peary</u>	
3. NAME OF DECEASED a. (First) <u>Thomas</u> b. (Middle) <u>William</u> c. (Last) <u>Branham</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 16 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 17-1874</u>
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>29</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Town Marshal</u>	11. BIRTHPLACE (State or foreign country) <u>Albany, Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Geo. W. Branham</u>	
13b. MOTHER'S MAIDEN NAME <u>Laura Casaday</u>		NAME OF HUSBAND OR WIFE <u>Daisy Starn Branham</u>	
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.	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. J. W. Branham</u>		ADDRESS <u>Albany</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer stomach</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>Winter of 1948</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Aug 16</u> , 19 <u>49</u> , to <u>Aug 16</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Aug 16</u> , 19 <u>49</u> , and that death occurred at <u>6:50 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. H. Gallepin</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Albany Mo</u>	
23c. DATE SIGNED <u>Aug 18, 49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Aug 19-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Old Brick</u>	
24d. LOCATION (City, town, or county) (State) <u>Albany Gentry Co., Mo</u>		DATE REC'D BY LOCAL REG. <u>Aug 19-49</u>	
REGISTRAR'S SIGNATURE <u>Mrs. Edith Leblond</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Walter Brock</u>	
ADDRESS <u>Albany Mo</u>		ADDRESS <u>Albany Mo</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 me

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Chiffert Brooks

Licensed Embalmer No. 3329

P. O. Address Albany Mo

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 this body is not embalmed, fact should be so stated above.