

FILED OCT 31 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33206**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **50** PRIMARY REG. DIST. NO. **4071** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Camden</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Camden</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Camden</b>		c. LENGTH OF STAY (in this place) <b>42 years</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Camden</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Gen. Delivery</b>			d. STREET ADDRESS (If rural, give location) <b>Gen. Delivery</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b> b. (Middle) <b>B</b> c. (Last) <b>Branch</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 27 1949</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 29, 1873</b>	9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Manager B.W.N.</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>James H. Branch</b>		13b. MOTHER'S MAIDEN NAME <b>Lea Crust</b>	14. NAME OF HUSBAND OR WIFE <b>Dasie Branch</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mo. Clarence Edwards Camden Mo</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Heart Disease</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Coronary Artery</b> 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. <b>None</b>				INTERVAL BETWEEN ONSET AND DEATH <b>49</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>None</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) m.	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>5:20 A.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree of title) <b>D. Claborn M.D.</b>		23b. ADDRESS <b>Camden Mo</b>		23c. DATE SIGNED <b>10-28-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Oct 29, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mount Calvary</b>	24d. LOCATION (City, town, or village) (State) <b>Camden County Mo.</b>		
DATE REC'D BY LOCAL REG. <b>Oct. 28-49</b>	REGISTRAR'S SIGNATURE <b>Lilpha Traw. 402</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Palmer's</b>	ADDRESS <b>Lebanon, Mo.</b>		

10-31-49  
no fee

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

10-28-49

NOV 17 1945

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. 343

working under my personal supervision.

Student R. B. Palmer  
Student Embalmer

Signed Richard L. Palmer 4595

Licensed Embalmer No. 4595

P. O. Address Lebanon, 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.