

FILED DEC 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36613

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>61</u>		PRIMARY REG. DIST. NO. <u>4107</u>		Registrar's No. <u>74</u>	
1. PLACE OF DEATH a. COUNTY <u>Cedar Co.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cedar Co.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>El Dorado Spgs.</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>El Dorado Spgs. Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>111 W. Hickory St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>111 W. Hickory St.</u>				d. STREET ADDRESS (If rural, give location) <u>111 W. Hickory St.</u>			
3. NAME OF DECEASED (Type or Print) <u>ROBERT</u>		a. (First) <u>ROBERT</u>		b. (Middle) <u>BRANSTETTER</u>		c. (Last) _____	
4. DATE OF DEATH <u>12-5-49</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>Feb 9, 1872</u>		9. AGE (In years last birthday) <u>77</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Carpenter</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Lein Branstetter</u>		13b. MOTHER'S MAIDEN NAME <u>Emily Reed</u>		14. NAME OF HUSBAND OR WIFE <u>Martha R. Branstetter</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Martha Branstetter</u>		ADDRESS <u>El Dorado Spgs.</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>Congestive heart failure</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> ANTECEDENT CAUSES DUE TO (b) <u>Chronic myocarditis</u> <u>6 mo</u> DUE TO (c) <u>Cerebral hemorrhage</u> <u>2 yrs</u> 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 ☐ NO ☒			
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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>12-4</u> , 19 <u>49</u> , to <u>12-5</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>12-4</u> , 19 <u>49</u> , and that death occurred at <u>4:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>C. H. Sunderwirth</u>		(Degree or title) <u>DO</u>		23b. ADDRESS <u>El Dorado Spgs. Mo.</u>		23c. DATE SIGNED <u>12-9-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-7-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Spring Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Vernon Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 10, 1949</u>		REGISTRAR'S SIGNATURE <u>for L. E. Knott, Deputy</u>		FURNERAL DIRECTOR'S SIGNATURE <u>for L. E. Knott, Deputy</u>		ADDRESS <u>El Dorado Spgs.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7,

District File Number 11-49-14

Date Filed 12-12-49

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
Student Embalmer

Signed

Floyd E. Caruthers

Licensed Embalmer No. 4419

P. O. Address *E. Dando Spring*

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.