V.S. No. 300
Rev. 10-48

FILED JAN 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3674

BIRTH NO. _____ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 4536 Registrar's No. 1

1101

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

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potosi
c. LENGTH OF STAY (in this place): 68 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potosi 1101
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): HARRY
b. (Middle):
c. (Last): BRANAUGH

4. DATE OF DEATH (Month) (Day) (Year): JAN. 4 1950

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Nov. 25, 1881
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months 1, Days 9 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Potosi, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: HENRY BRANAUGH
13b. MOTHER'S MAIDEN NAME: ELIZA BRATLOCK
14. NAME OF HUSBAND OR WIFE: EFFIE BRANAUGH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: 496-14-9304
17. INFORMANT'S SIGNATURE OR NAME: Catherine BRANAUGH — ADDRESS: Potosi, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Gunshot of left chest — INTERVAL BETWEEN ONSET AND DEATH: 15 min?

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
~~DUE TO (b)~~ hemorrhage
DUE TO (c): E976 X

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.: Apoplexy — 15 mo.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Potosi, Washington Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 1 — 4 1950 4 P. m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Gun shot of abdomen & chest.

22. *I hereby certify that I attended the deceased from* no physician, 19__, *that I last saw the deceased alive on* —, 19__, *and that death occurred at* 4 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph L. Thurman M.D. Coroner
23b. ADDRESS: Potosi, Mo.
23c. DATE SIGNED: 1-5-1950

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 1-6-50
24c. NAME OF CEMETERY OR CREMATORY: NEW MASONIC
24d. LOCATION (City, town, or county) (State): Potosi, Mo.

DATE REC'D BY LOCAL REG.: 1/6/50
REGISTRAR'S SIGNATURE: Herbert Riddell 40-3
25. FUNERAL DIRECTOR'S SIGNATURE: Boyer Funeral Home — ADDRESS: Potosi, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 1-9-50

Registrar Health Officer No. 4

Registrar's File Number 150-39

Date Filed

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 Howard Higginbotham

Licensed Embalmer No. 4578

P. O. Address Potosi, 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.