

FILED MAR 4 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7255

970  
1

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 3246 PRIMARY REG. DIST. NO. 6084 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Blackwater Sup. 10<sup>th</sup></u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Blackwater Sup</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Whose Mo</u>		d. STREET ADDRESS (If rural, give location) <u>Rural, Nelson - Mo. P.D.</u>	
3. NAME OF DECEASED a. (First) <u>PERCY</u> b. (Middle) <u>---</u> c. (Last) <u>BRANSTETTER.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb - 25 - 1950.</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Oct - 16 - 1895</u>
9. AGE (In years) <u>54</u> <u>49</u> <u>49</u>		9. AGE (In years) <u>54</u> <u>49</u> <u>49</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Levy Branstetter</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Reed</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Nora Branstetter</u> ADDRESS <u>418 - 5 - 1950</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>Pneumonia Toxar</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchial Asthma</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>541X</u>	
18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>5 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19a. DATE OF OPERATION		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.)	
21a. ACCIDENT SUICIDE HOMICIDE		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21d. TIME OF INJURY		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Feb 24, 1950</u> , to <u>Feb 24 1950</u> , that I last saw the deceased alive on <u>Feb 24, 1950</u> , and that death occurred at <u>3:30 Pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>John Mc Neish M.D.</u>		23b. ADDRESS <u>Hawstonia Mo</u>	
23a. SIGNATURE		23c. DATE SIGNED <u>2-26-50</u>	
24a. BURIAL - CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb - 28 - 50</u>	
24a. BURIAL - CREMATION REMOVAL		24c. NAME OF CEMETERY OR CREMATORY <u>Perinanna</u>	
24a. BURIAL - CREMATION REMOVAL		24d. LOCATION (City, town, or county) (State) <u>Blackwater Mo</u>	
DATE REC'D BY LOCAL REG. <u>Feb - 28 - 1950</u>		REGISTRAR'S SIGNATURE <u>Sidney T. Gray</u> 385	
DATE REC'D BY LOCAL REG.		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hayes &amp; Plaster</u> ADDRESS <u>Blackwater Mo</u>	

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 3-3-50

MAY 17 1950  
MAY 19 1950

**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.

Signed.....

*Lepton E. Hayes*

Signed.....

Student Embalmer

Licensed Embalmer No. 3074

P. O. Address Pilot Grove

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.