

FILED FEB 21 1950

BIRTH NO.		REG. DIST. NO. 358		PRIMARY REG. DIST. NO. 4524		Registrar's No. 37	
1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Vernon			
b. CITY (If outside corporate limits, write RURAL and give township) Walden		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Walden		10 80	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) Elmer c. (Last) Branstetter			4. DATE OF DEATH (Month) (Day) (Year) February 4 1950				
5. SEX M		6. COLOR OR RACE A		7. PREVIOUSLY MARRIED NEVER MARRIED, (Specify) 1		8. DATE OF BIRTH Sept. 26-1901	
9. AGE (In years last birthday) 48		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZENRY OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME J. L. Branstetter		13b. MOTHER'S MAIDEN NAME Mary Ellen Luffman		14. NAME OF HUSBAND OR WIFE	
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fred Branstetter Nevada Missouri			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anterior coronary thrombosis.							
ANTECEDENT CAUSES (First attack-Dec. 25, '48, last attack few minutes on Feb. 4, 1950. 2+ years.)							
DUE TO (b) Hypertensive cardiovascular renal disease.							
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 None.		19b. MAJOR FINDINGS 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.)		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 Dec. 25, 1948 , to Dec. 17, 1949 , that I last saw the deceased alive on Dec. 17, 1949 , and that death occurred at 8:30 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Robert M. Moore				23b. ADDRESS Moore Building, Nevada, Mo.		23c. DATE SIGNED 2/13/50	
24a. BURIAL (Specify)		24b. DATE Feb. 7, 1950		24c. NAME OF CEMETERY OR CREMATORY Newton Burial Park Nevada Missouri		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. Feb. 13-1950		REGISTRAR'S SIGNATURE Mrs Sarah E Gray		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Larry Lummey Home Nevada Missouri			

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

APR 31 1951

JUL 27 1950
JUL 12 1950

RECEIVED
District Health Officer No. 7,
District File Number 1-57-92
Date Filed 2-20-50

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 _____

working under my personal supervision. _____
Student Embalmer No. _____

Student _____
Student Embalmer

Signed [Signature]

Licensed Embalmer No. 2760

P. O. Address Merada MS

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.