

FILED MAR 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7611**

BIRTH NO. _____ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **79**

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

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) Columbia	c. LENGTH OF STAY (in this place) 40 Years	c. CITY (If outside corporate limits, write RURAL and give township) Columbia	
d. FULL NAME OF HOSPITAL OR INSTITUTION Boone County Hospital		d. STREET ADDRESS (If rural, give location) 301 S. Glenwood	
3. NAME OF DECEASED (Type or Print) a. (First) EDWIN b. (Middle) BAYER c. (Last) BRANSON			4. DATE OF DEATH (Month) (Day) (Year) Mar. 12, 1950
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 11, 1877
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Professor Emeritus of Geology	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Belleville, Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME John H. Branson		13b. MOTHER'S MAIDEN NAME Harriett Bullen	14. NAME OF HUSBAND OR WIFE Grace Colton Branson
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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. E.B. Branson, Columbia, 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) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 3 hrs ? U 201
19a. DATE OF OPERATION	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) (Min.)	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 March 12, 1950 to March 12, 1950 that I last saw the deceased alive on March 12, 1950 , and that death occurred at 7:30 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE E. S. Baskett M.D.		23b. ADDRESS Columbia, Mo.	23c. DATE SIGNED 3/14/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE Mar. 14, 1950	24c. NAME OF CEMETERY OR CREMATORY Valhalla Chapel	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
DATE REC'D BY LOCAL REG. Mar. 14 1950	REGISTRAR'S SIGNATURE Mrs. R. E. Palmer	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parke Funeral Service, Columbia, Mo.	

District File Number

District Health Officer No. 9

RECEIVED MAR 20 1950

MAR 9 1950

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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 Thomas L. Zering -----

Licensed Embalmer No. 4132 -----

P. O. Address Columbia -----

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.