

FILED MAY 9 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12712

State File No. ....

BIRTH NO. .... REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 119

0422  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton Rural-0400</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clinton General Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>RH-5 - Davis Township</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>TRESSIE</u> b. (Middle) <u>MURTL</u> c. (Last) <u>BORUM</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 28, 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED/NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 30, 1879</u>
9. AGE (In years last birthday) <u>70</u>		10. AGE (In years last birthday) <u>70</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Keeping own home</u>	
11. BIRTHPLACE (State or foreign country) <u>Johnson Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>George W. Fisher</u>		13b. MOTHER'S MAIDEN NAME <u>Estella P. Brannell</u>	
14. NAME OF HUSBAND OR WIFE <u>Charles E. Brannell</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (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>Mrs. Ida Ruth Wheeler</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>Coronary Occlusion</u> ANTECEDENT CAUSES <u>Subacute</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) 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 <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. HOW DID INJURY OCCUR? <u>None</u>	
21a. ACCIDENT SUICIDE HOMICIDE <u>No</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>None</u>	
21c. CITY, TOWN, OR TOWNSHIP <u>Clinton</u>		21d. COUNTY <u>Mo</u>	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
22. I hereby certify that I attended the deceased from <u>5/31</u> , 19 <u>46</u> , to <u>4/28</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>4/28</u> , 19 <u>50</u> , and that death occurred at <u>5:15</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>J. C. Peeler</u>		23b. ADDRESS <u>Clinton Mo</u>	
23c. DATE SIGNED <u>5/1/50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>May 1, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Appleton City Cemetery</u>	
24d. LOCATION (City, town, or county) <u>Appleton City Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. B. Gansant</u>	
DATE REC'D BY LOCAL REG. <u>May 1, 1950</u>		REGISTERAR'S SIGNATURE <u>Florence Adair</u>	

RECEIVED 5.8.50  
District Health Officer No. 7,  
District File Number 4-50-4684  
Date Filed 5.8.50

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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, ~~by~~ \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed H. A. Pursant

Licensed Embalmer No. 3779

P. O. Address Clinton, 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.