

FILED MAY 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **17475**

BIRTH NO. <u>36417-49</u>		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>156</u>				
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>						
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Rural Indian Township 0820</u>						
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Elizabeth Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>5 miles south Curryville</u>						
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Brenda Jo</u>			b. (Middle) <u>Branstetter</u>				
c. (Last)			4. DATE OF DEATH			(Month) (Day) (Year) <u>May 5, 1950</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>July 3, 1949</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Days Hours Min. <u>10</u> <u>2</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>			11. BIRTHPLACE (State or foreign country) <u>Louisiana, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Joe Marion Branstetter</u>			13b. MOTHER'S MAIDEN NAME <u>Alma Yvonne MOORE</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 ADDRESS <u>Joe M. Branstetter, Curryville, Mo</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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Measles, encephalitis</u>				ANTECEDENT CAUSES <u>bronchopneumonia</u>				<u>2 days</u>		
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Measles</u>				DUE TO (c)				<u>1 day</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								<u>3 days</u>		
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) m.		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 <u>May 4, 1950</u> to <u>May 5, 1950</u> , that I last saw the deceased alive on <u>May 5, 1950</u> , and that death occurred at <u>11:45 a.m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <u>Ernest D. Moore, M.D.</u>				23b. ADDRESS <u>Vandalia, Mo.</u>				23c. DATE SIGNED <u>5/6/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 6, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Harmony Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Pike County, Missouri</u>				
DATE REC'D BY LOCAL REG. <u>5-12-50</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucko</u>		FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Waters</u>		ADDRESS <u>Vandalia, Missouri</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED MAY 13 1950  
MARION O. HEALTH DEPT,  
DATE FILED MAY 22 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.

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

Signed

*William B. Waters*

Licensed Embalmer No. 4169

P. O. Address

*Vandalia 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.