

S. No. 300
V. 10.48

FILED JUN 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17721**

BIRTH NO. 110501-50 REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) Rolla		c. CITY (If outside corporate limits, write RURAL and give township) Rolla	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) 222 South Faulkner	
d. FULL NAME OF HOSPITAL OR INSTITUTION 222 South Faulkner			

3. NAME OF DECEASED a. (First) EVA		b. (Middle) JEAN		c. (Last) BRANSON		4. DATE OF DEATH (Month) (Day) (Year) May 26, 1950	
5. SEX Fe.		6. COLOR OR RACE Wh.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant (1)		8. DATE OF BIRTH Feb. 21, 1950	
9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) Rolla, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
9. AGE (In years last birthday) 3		10. USUAL OCCUPATION --		11. BIRTHPLACE Rolla, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Billy Joe Branson		13b. MOTHER'S MAIDEN NAME Jean McKinney		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) --		16. SOCIAL SECURITY NO. --		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Billy Joe Branson Rolla, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Face becoming imbedded in pillow in baby buggy		89240	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) face becoming imbedded in pillow in baby buggy		18	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

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) Accident Home		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Rolla Phelps Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 26, 1950 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Sleeping in cradled Baby Buggy	

22. I hereby certify that I attended the deceased from 19, 1950, that I last saw the deceased alive on May 26, 1950, and that death occurred at 4 a. m. from the causes and on the date stated above.

23. SIGNATURE B. L. Hull (Degree or title)		23b. ADDRESS Rolla Mo.		23c. DATE SIGNED 5/27/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial (1)		24b. DATE May 26, 1950		24c. NAME OF CEMETERY OR CREMATORY Rolla Cemetery	
24d. LOCATION (City, town, or county) (State) Rolla, Mo.		24e. NAME OF CEMETERY OR CREMATORY Rolla, Mo.		24f. LOCATION (City, town, or county) (State) Rolla, Mo.	

DATE REC'D BY LOCAL REG. 5-29-50		REGISTRAR'S SIGNATURE Nadine L. Stoep		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul E. Hull Rolla, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED

Phelps County Health Officer,

County File Number _____

Date Filed June 6, 1952

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 Paul E. Null

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.