

FILED SEP 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29396

BIRTH NO.		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 3006		Registrar's No. 234	
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) OR TOWN Columbia		c. LENGTH OF STAY (In this place) Difettime		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		0104	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1321 Wilson Ave.				d. STREET ADDRESS (If rural, give location) 1321 Wilson Ave.			
3. NAME OF DECEASED (Type or Print)		a. (First) WARREN		b. (Middle) SWITZLER		c. (Last) BRANHAM	
4. DATE OF DEATH		(Month) Sept.		(Day) 9,		(Year) 1950	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Mar. 2, 1889	
9. AGE (In years last birthday)		10. MONTHS 6		11. DAYS 7		12. HOURS 7	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance		10b. KIND OF BUSINESS OR INDUSTRY Insurance		11. BIRTHPLACE (State or foreign country) Columbia, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Joel Scott Branham			13b. MOTHER'S MAIDEN NAME Camilla Price Switzler			14. NAME OF HUSBAND OR WIFE Margaret Riley Branham	
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 Mrs. Warren S. Branham, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Sclerosis ANTECEDENT CAUSES Morbid 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		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 1946, 19, to Sept 9, 1950 that I last saw the deceased alive on Aug 14, 1950 and that death occurred at 9 P.M., from the causes and on the date stated above.							
23a. SIGNATURE D. J. Haul, MD				(Degree or title)		23b. ADDRESS Columbia, Mo. 645x	
23c. DATE SIGNED 9/12/50		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 12, 1950		24c. NAME OF CEMETERY OR CREMATORY Columbia Cemetery	
24d. LOCATION (City, town, or county) (State) Columbia, Mo.		DATE REC'D BY LOCAL REG. Sept 12 1950		REGISTRAR'S SIGNATURE Mrs. R.E. Palmer		31- FUNERAL DIRECTOR'S SIGNATURE Parsons Funeral Service, Columbia, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 9-18-50
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 9-18-50

AUG 9 1950

SEP 29 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Tom McHarg

Licensed Embalmer No. 4067

P. O. Address Columbia 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.