

FILED NOV 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33196

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 960A

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Wright</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hartsville</u>	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) <u>5 miles Southwest Hartsville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St John's Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>GRACE</u> b. (Middle) <u>OURAUDE</u> c. (Last) <u>BRANSTETTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-31-1950</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>July 8, 1884</u>	9. AGE (In years last birthday) <u>66</u>	10. UNDER 1 YEAR Months <u>3</u> Days <u>23</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>KANSAS</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>GEORGE ELLIOTT</u>		13b. MOTHER'S MAIDEN NAME <u>ALICE ELLIOTT</u>		14. NAME OF HUSBAND OR WIFE <u>F.M. BRANSTETTER</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>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Frank Branstetter</u> ADDRESS <u>Hartsville, Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Bronchial Asthma</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Asthma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cox Pulmonale</u>		<u>2 yrs</u>	
		DUE TO (c) <u>@cholecystitis-cholelithiasis</u>		<u>24IX</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>5yrs?</u>	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____		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 9-25-1950 to 10-31-1950, that I last saw the deceased alive on 10/31, 1950, and that death occurred at 3³⁰ P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. P. Moadley M.D.</u>		23b. ADDRESS <u>Springfield, Mo.</u>		23c. DATE SIGNED <u>11/3/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 2, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill</u>	
24d. LOCATION (City, town, or county) (State) <u>Wright Co. Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene E. Aldred</u> ADDRESS <u>Hartsville</u>			
DATE REC'D BY LOCAL REG. <u>11-8-50</u>		REGISTRAR'S SIGNATURE <u>W.E. Handley M.D.</u>			

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

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.

Signed _____

Gene E Holdren

Signed _____
Student Embalmer

Licensed Embalmer No. *3865*

P. O. Address *Hartsville, S.C.*

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.