

FILED MAR 12 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5604

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

0812  
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BIRTH NO.		REG. DIST. NO. 275		PRIMARY REG. DIST. NO. 3053		Registrar's No. 27			
1. PLACE OF DEATH a. COUNTY PHELPS				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death) a. STATE MISSOURI b. COUNTY GASCONADE					
b. CITY (If outside corporate limits, write RURAL and give township) ROLLA		c. LENGTH OF STAY (In this place) 4 months		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BLAND		0379			
d. FULL NAME OF HOSPITAL OR INSTITUTION McFarlands Nursing Home				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) MARTHA		b. (Middle) ELLEN		c. (Last) BRANSON		4. DATE OF DEATH (Month) (Day) (Year) 2 - 27-51 (1951)			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 6 - 1864			
9. AGE (In years, last birthday) 66 yrs		10. MONTHS 8		11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME WILLIAM LIGHT		13b. MOTHER'S MAIDEN NAME ELIZEBETH POUNDS		14. NAME OF HUSBAND OR WIFE WILLIAM A. BRANSON					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MRS. FRED BRANSON		ADDRESS BLAND			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>initial resuscitation</i>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Senility</i>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>none</i>				INTERVAL BETWEEN ONSET AND DEATH  410X	
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 <i>Sept 1950</i> , to <i>Feb 27, 1951</i> , that I last saw the deceased alive on <i>Feb 27, 1951</i> , and that death occurred at <i>3:40 a.m.</i> , from the causes and on the date stated above.									
23a. SIGNATURE <i>Whidney McFarland</i>				23b. ADDRESS <i>Rolla Mo</i>		23c. DATE SIGNED <i>Feb 27, 1951</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3/1/51		24c. NAME OF CEMETERY OR CREMATORY Union Cemetery		24d. LOCATION (City, town, or county) (State) BLAND, GASCONADE MISSOURI			
DATE REC'D BY LOCAL REG. 2-27-51		REGISTRAR'S SIGNATURE <i>Dadine L. Steel</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Sassmann's</i>		ADDRESS SASSMANN'S FUNERAL SERVICE*BLAND, Mo			

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Phelps County Health Officer,  
County File Number \_\_\_\_\_  
Date Filed: March 7, 1951

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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, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Chester Sasman

Signed.....  
Student Embalmer

Licensed Embalmer No. 4128

P. O. Address Blanch Ave.

**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.