

FILED MAY 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17264

BIRTH NO. _____ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 4317 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY MARIES		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MARIES	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BELLE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BELLE	
c. LENGTH OF STAY (In this place) 8 yrs		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION FAMILY HOME			

3. NAME OF DECEASED (Type or Print)	a. (First) RICKA	b. (Middle) JANE	c. (Last) BRANSON	4. DATE OF DEATH (Month) (Day) (Year) MAY 6-1951
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN. 30-1899	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR 3 Months	IF UNDER 24 HRS. 6 Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FACTORY WORKER	10b. KIND OF BUSINESS OR INDUSTRY SHOE FACTORY	11. BIRTHPLACE (State or foreign country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME WILLIAM HELMING	13b. MOTHER'S MAIDEN NAME MARTHA BUTLER	14. NAME OF HUSBAND OR WIFE CLAUDE BRANSON
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Claude Branson	ADDRESS Belle,
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 MIN 2 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Left Heart Failure 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"/>
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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) 4342
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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? _____
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22. I hereby certify that I attended the deceased from 5/31, 1949 to 5/6, 1951, that I last saw the deceased alive on 5/5, 1951, and that death occurred at 6:50a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) V. H. Schouharsall	23b. ADDRESS Belle, Mo.	23c. DATE SIGNED 5/7/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 5/9/51	24c. NAME OF CEMETERY OR CREMATORY Giedinghagen Cem	24d. LOCATION (City, town, or county) (State) Gasconade County - Mo.
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DATE REC'D BY LOCAL REG. 5-10-51	REGISTRAR'S SIGNATURE Pauline Fowler	189	25. FUNERAL DIRECTOR'S SIGNATURE Sassmann	ADDRESS Funeral Service-Belle
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1630
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8630

File No. _____
DISTRICT HEALTH OFFICE No. 4

MAY 21 1951

RECEIVED

APR 7 1954

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 *Orville S. ...*

Licensed Embalmer No. 4178

P. O. Address Blad-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.