S. No. 300
v. 10-48

FILED JUN 9 1951

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 17668

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6022 Registrar's No. 35

0890
1

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

**1. PLACE OF DEATH**
a. COUNTY: Ray
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rayville Richmond
c. LENGTH OF STAY (in this place): 80 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Street not listed

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Ray
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rayville 0890
d. STREET ADDRESS (If rural, give location): Street not listed 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): William
b. (Middle): Thomas
c. (Last): Branson

**4. DATE OF DEATH** (Month) (Day) (Year): May 8, 1951

**5. SEX**: Male 0
**6. COLOR OR RACE**: white
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: January 21, 1860
**9. AGE** (In years last birthday): 91 — IF UNDER 1 YEAR: Months 3, Days 17 — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Farmer
**10b. KIND OF BUSINESS OR INDUSTRY**: Farming
**11. BIRTHPLACE** (State or foreign country): Rayville, Missouri 0
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Huram Branson
**13b. MOTHER'S MAIDEN NAME**: Rebecca Morrison
**14. NAME OF HUSBAND OR WIFE**: Elsie M. Branson

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No — (If yes, give war or dates of service): None
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME**: Miss Leva Branson, Rayville, Mo. — ADDRESS

**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) Hypostasis Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Chronic Myocarditis
DUE TO (c) Senile Arteriosclerosis

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**: 4221
**20. AUTOPSY?** YES ☐ NO ☒

**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): Rayville Ray Mo.
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* April 15, 1951, *to* May 8, 1951, *that I last saw the deceased alive on* May 1, 1951, *and that death occurred at* 8:34 A.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Pletus E. Bruehrer M.D.
**23b. ADDRESS**: Lawson Mo.
**23c. DATE SIGNED**: May 12, 1951

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burail
**24b. DATE**: May 10, 1951
**24c. NAME OF CEMETERY OR CREMATORY**: Old Union
**24d. LOCATION** (City, town, or county) (State): Ray County, Missouri

**DATE REC'D BY LOCAL REG.**: May 17-1951
**REGISTRAR'S SIGNATURE**: Malvl Jackson 273 0
**25. FUNERAL DIRECTOR'S SIGNATURE**: Quest-Lile Funeral Home, Richmond, Missouri — ADDRESS: George Lile

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JUN 4 1961
DISTRICT
HEADQUARTERS
CAMERON, MO.

## 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 George [illegible]

Licensed Embalmer No. 4066

P. O. Address Richmond, 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.