

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 18 1951

BIRTH NO. _____ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **183**

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE* (Where deceased lived? If institution: residence before admission). a. STATE Mo. b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) Columbia		c. CITY (If outside corporate limits, write RURAL and give township) Columbia	
c. LENGTH OF STAY (in this place) 4 yrs		d. STREET ADDRESS (If rural, give location) 301 Glenwood	
d. FULL NAME OF HOSPITAL OR INSTITUTION 301 Glenwood			

3. NAME OF DECEASED (Type or Print)	a. (First) Grace	b. (Middle) Muriel	c. (Last) Colton Branson	4. DATE OF DEATH (Month) (Day) (Year) July 10 1951
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 19 1880	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 7 Days 10	IF UNDER 24 HRS. Hours 10 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (State or foreign country) Cowanville, Quebec	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME (unknown) Colton	13b. MOTHER'S MAIDEN NAME (unknown) Derick	14. NAME OF HUSBAND OR WIFE E.B. Branson
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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. X	17. INFORMANT'S SIGNATURE OR NAME C.C. Branson Norman, Okla.	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of breast		INTERVAL BETWEEN ONSET AND DEATH 4 years
	ANTECEDENT CAUSES Morbidity 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 150X	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)
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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?
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22. I hereby certify that I attended the deceased from **June 19, 1951**, to **July 10, 1951**, that I last saw the deceased alive on **July 10, 1951**, and that death occurred at **7:00 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE James H. Allen (Degree or title) res.	23b. ADDRESS Columbia, Mo.	23c. DATE SIGNED 7-12-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE 7-12-1951	24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. July 12 1951	REGISTRAR'S SIGNATURE Mrs. R E Palmer	25. FUNERAL DIRECTOR'S SIGNATURE Parsons Funeral Service	ADDRESS Columbia, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

105
1

RECEIVED 7-17-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 7-17-51

DEC 7 1951

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 _____

J. W. Phillips

Student Embalmer No. 429

working under my personal supervision.

Student *Joseph W. Phillips*
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.