

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36623

FILED NOV 30 1957

5190 State File No.

No. 300
10.48

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

BIRTH NO. _____		REG. DIST. NO. <u>55</u>		PRIMARY REG. DIST. NO. <u>3071</u>		Registrar's No. <u>1095</u>	
1. PLACE OF DEATH a. COUNTY <u>Carroll</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Arkansas</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Standish</u>		c. LENGTH OF STAY (In this place) <u>2 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Fort Smith</u>		<u>2030</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>On Santa Fe (Work Car)</u>				d. STREET ADDRESS (If rural, give location) <u>1123 N. 12th, Street</u>			
3. NAME OF DECEASED a. (First) <u>Ernest</u>			b. (Middle) <u>Anderson</u>		c. (Last) <u>Brannon</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11 - 9 - 51</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Nov. 3, 1903</u>		9. AGE (In years last birthday) <u>48</u>	IF UNDER 1 YEAR Months <u>6</u>	IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad (Work)</u>		11. BIRTHPLACE (State or foreign country) <u>Oklahoma</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Brannon</u>			13b. MOTHER'S MAIDEN NAME <u>Artie Mackey</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>432-05-5625</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Putnam Funeral Home (Fort Smith (Ark))</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Apoplexy</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			INTERVAL BETWEEN ONSET AND DEATH
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) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Carroll Mo.</u>		<u>334X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>11/9/51</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>334X</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Ray Discussion</u>				23b. ADDRESS <u>Coronet Road Mo</u>		23c. DATE SIGNED <u>Nov-9-51</u>	
24a. BURNED, CREMATION, REMOVAL (Specify) <u>Removed</u>		24b. DATE <u>11/11/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fort Smith</u>		24d. LOCATION (City, town, or county) (State) <u>Ark.</u>	
DATE REC'D BY LOCAL REG. <u>11/12/51</u>		REGISTRAR'S SIGNATURE <u>Marshall Calvert</u>		45 25. FUNERAL DIRECTOR'S SIGNATURE <u>Marshall Funeral Home (Carrollton Mo.)</u>		ADDRESS	



MAR 21 1951

APR 23 1951

NOV 30 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed R. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Carrollton 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.