

FILED JAN 30 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

539

State File No.

BIRTH NO. _____ REG. DIST. NO. 58 PRIMARY REG. DIST. NO. 5212 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Carter</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Carter</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Van Buren (rural)</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Van Buren (Rural)</u> <u>0180</u>	
c. LENGTH OF STAY (If this place) <u>12 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>Home of John Sanders</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Arnold Thomas</u> b. (Middle) _____ c. (Last) <u>Brane</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-20-52</u>		
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5. SEX <u>MO</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>9-3-1887</u>		9. AGE (In years less birthday) <u>64</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Tomlinson worker</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Carter Co Mo</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
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13a. FATHER'S NAME <u>Thomas J Brane</u>			13b. MOTHER'S MAIDEN NAME <u>Lillian Hill</u>			14. NAME OF HUSBAND OR WIFE <u>Arizona Brane</u>		
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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) <u>NO</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Cleo Brane New Florence Mo</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Burned by fire</u>							
		ANTECEDENT CAUSES							
		Morbid 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. <u>E9168</u>							

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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>018 Carter Mo</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1-26-52 6:15 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Burned in house</u>	
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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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Seaton Pewitt</u> (Degree or title)		23b. ADDRESS <u>Cor. Van Buren Mo</u>		23c. DATE SIGNED <u>1-21-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-22-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BRANE</u>		24d. LOCATION (City, town, or county) (State) <u>Carter Co Mo</u>	
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DATE REC'D BY LOCAL REG. <u>Jan. 26 1952</u>		REGISTRAR'S SIGNATURE <u>Mrs Oeta Henson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Seaton Pewitt Van Buren Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Seaton Hewitt*

Licensed Embalmer No. *2287*

P. O. Address *Van Buren 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.