No. 300
10.48

FILED FEB 18 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7139

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 4552 Registrar's No. 10

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

1. PLACE OF DEATH
a. COUNTY: WRIGHT
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MTN. GROVE
c. LENGTH OF STAY (In this place): Lifetime
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 714 Maple

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: WRIGHT
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MTN. GROVE 1141 O
d. STREET ADDRESS (If rural, give location): 714 Maple

3. NAME OF DECEASED (Type or Print): a. (First) OPAL b. (Middle) Lillian c. (Last) BRANSON

4. DATE OF DEATH (Month) (Day) (Year): 2-2-1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRied
8. DATE OF BIRTH: Nov-17, 1901
9. AGE (In years last birthday): 50 — IF UNDER 1 YEAR Months: 2 Days: 15 — IF UNDER 24 HRS. Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): PRIOR, MO O
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: E. G. CARR
13b. MOTHER'S MAIDEN NAME: Molly Coble
14. NAME OF HUSBAND OR WIFE: Louie Branson

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.: 497-22-3144
17. INFORMANT'S SIGNATURE OR NAME: Louie Branson, ADDRESS: Mtn. Grove Mo

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) Carcinoma, Liver, Stomach — INTERVAL BETWEEN ONSET AND DEATH: Not known

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.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 151X
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):
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* 31 Dec, 1951, *to* 2 Feb, 1952, *that I last saw the deceased alive on* 1 Feb, 1952, *and that death occurred at* 4.50 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Sel Connor (Degree or title) MD
23b. ADDRESS: Mountain Grove Mo
23c. DATE SIGNED: Feb 5 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-5-52
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest
24d. LOCATION (City, town, or county) (State): Mtn Grove, Mo.

DATE REC'D BY LOCAL REG.: 2-7-52
REGISTRAR'S SIGNATURE: A. C. Ames 348-0
25. FUNERAL DIRECTOR'S SIGNATURE: Russell Barker ADDRESS: Mtn Grove, Mo

(Licensed Embalmer's Statement on Reverse Side)

WRIGHT CO. HEALTH DEPT.
County File Number 252-19
Date Filed Feb. 16, 1952

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 Russell Barber

Licensed Embalmer No. 3848

P. O. Address Mtn Grove, 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.