No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 26 1952

State File No. 11674

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 4482 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY: Scotland
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Memphis
c. LENGTH OF STAY (in this place): 50 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Scotland
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Memphis 0990
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): EPHRAIM
b. (Middle): W
c. (Last): BRANSTETTER

4. DATE OF DEATH (Month) (Day) (Year): Feb 20 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: June 25 1860
9. AGE (In years last birthday): 91 — IF UNDER 1 YEAR: Months 8, Days 25 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Enfield Mo
12. CITIZEN OF WHAT COUNTRY?: U S
13a. FATHER'S NAME: Caswell Branstetter
13b. MOTHER'S MAIDEN NAME: Mary Ann Stewart
14. NAME OF HUSBAND OR WIFE: Ora Branstetter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs Everett Hopkins
ADDRESS: Memphis 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) Chronic Myocarditis + Myocardial Degeneration — INTERVAL BETWEEN ONSET AND DEATH

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: Bronchial Pneumonia
Conditions contributing to the death but not related to the disease or condition causing death. Jan-16-1952

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4222
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* Nov, 1944, *to* Feb 20, 1952, *that I last saw the deceased alive on* Feb. 18, 1952, *and that death occurred at* 2 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. M. Browning D.O.
23b. ADDRESS: Memphis
23c. DATE SIGNED: 2/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 22 1952
24c. NAME OF CEMETERY OR CREMATORY: Memphis Cemetery
24d. LOCATION (City, town, or county) (State): Memphis Mo

DATE REC'D BY LOCAL REG.: 3/15/52
REGISTRAR'S SIGNATURE: O M Baker MD
25. FUNERAL DIRECTOR'S SIGNATURE: Geith Boskett
ADDRESS: Memphis Mo

(Licensed Embalmer's Statement on Reverse Side).

407-1

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 Albert C Gerth

Licensed Embalmer No. 4257

P. O. Address Memphis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.