S. No. 300
V. 10.48

0990
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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 MAY 1 - 1952

State File No. 15273

BIRTH NO. _____ REG. DIST. NO. 326 PRIMARY REG. DIST. NO. 6108 Registrar's No. 11

**1. PLACE OF DEATH**
a. COUNTY: Scotland
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Tofin
c. LENGTH OF STAY (in this place):
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): Rural Tofin 0990
d. STREET ADDRESS (If rural, give location): 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): JAMES
b. (Middle): E
c. (Last): BRANN

**4. DATE OF DEATH** (Month) (Day) (Year): Mar 15 1952

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): widowed
**8. DATE OF BIRTH**: Sept 30 1862
**9. AGE** (In years last birthday): 89 — If under 1 year: Months 5, Days 15 — If under 24 hrs.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Farmer
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (State or foreign country): Knox Co Mo
**12. CITIZEN OF WHAT COUNTRY?**: US

**13a. FATHER'S NAME**: Benjamin Brann
**13b. MOTHER'S MAIDEN NAME**: Blenda Asbury
**14. NAME OF HUSBAND OR WIFE**: Mary Brann

**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**: Emma Kirkpatrick — **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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

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**: 4201
**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* Feb 15, 1952, *to* March 15, 1952, *that I last saw the deceased alive on* March 15, 1952, *and that death occurred at* 8:00P *m., from the causes and on the date stated above.*

**23a. SIGNATURE**: L. E. Lowe (Degree or title): Do
**23b. ADDRESS**: Memphis Mo
**23c. DATE SIGNED**: 3/29/52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Mar 19 1952
**24c. NAME OF CEMETERY OR CREMATORY**: Memphis Cemetery
**24d. LOCATION** (City, town, or county) (State): Memphis Mo

**DATE REC'D BY LOCAL REG.**: 4/26/52
**REGISTRAR'S SIGNATURE**: OM Baker 476
**25. FUNERAL DIRECTOR'S SIGNATURE**: Gerthe Baskett — **ADDRESS**: Memphis Mo

(Licensed Embalmer's Statement on Reverse Side)

MAY 20 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 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 with the above constitutes grounds for revocation of license.)**

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