

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24366

State File No. ....

2979

FILED AUG 20 1952  
BIRTH NO. 204572 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived., If institution: residence before (date of admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, Mo</u>		c. LENGTH OF STAY (in this place) <u>1 mo - 6 d</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mansfield, Mo</u>		d. STREET ADDRESS (If rural, give location) <u>1140 X</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Children's Mercy Hospital</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lannie Raymond</u> b. (Middle) <u>Branstetter</u> c. (Last) <u>Branstetter</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6 30 1952</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>3 d</u>	8. DATE OF BIRTH <u>4-21-52</u>	9. AGE (In years last birthday) <u>2</u>	IF UNDER 1 YEAR Months <u>9</u>
IF UNDER 2 HRS. Hours <u>1</u> Min. <u>0</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St. John Hosp Springfield, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>Ray Branstetter</u>		13b. MOTHER'S MAIDEN NAME <u>Velma Rose</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Velma Rose, Mansfield, Mo.</u>		ADDRESS <u>Branstetter St.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tracheo - Esophageal Fistula, with Bronchopneumonia</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.				INTERVAL BETWEEN ONSET AND DEATH  <u>5391</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>5-24</u> <u>1952</u> to <u>6-30</u> , 1952 that I last saw the deceased alive on <u>6-30</u> , 1952 and that death occurred at <u>158 P. M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>H. M. Gilkey</u> (Degree or title) <u>MD</u>			23b. ADDRESS <u>1624 Prof Bldg</u>		23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>	24b. DATE <u>6-30-52</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Mansfield Mo.</u>		
DATE REC'D BY LOCAL REG. <u>7-1-52</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Holman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kelly-Ferrel-Bergman</u> ADDRESS <u>Mansfield Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.