.S. No. 300
EV. 10-48

FILED JAN 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

737

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 5

3264 C

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

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson City
c. LENGTH OF STAY (in this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Mary's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Osage
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Freedom 0760
d. STREET ADDRESS (If rural, give location): R D

3. NAME OF DECEASED (Type or Print)
a. (First): Viola
b. (Middle): May
c. (Last): Branson

4. DATE OF DEATH (Month) (Day) (Year): Jan 6, 1953

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: July 10 1886
9. AGE (In years last birthday): 66 — If under 1 year: Months 5, Days 26 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Cooper Hill Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Steve Owens
13b. MOTHER'S MAIDEN NAME: Lucinda Jett
14. NAME OF HUSBAND OR WIFE: Hade Branson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs Arnold Herndon Bay 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) Cerebral Haemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertensive Cardio Vascular Disease — 2 yrs.
DUE TO (c) 443X

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Diabetes Mellitus — 3 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
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* Dec. 15, 1952, *to* Jan 6, 1953, *that I last saw the deceased alive on* Jan 6, 1953, *and that death occurred at* 5:40 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. B. Hebba M.D.
23b. ADDRESS: Jefferson City Mo.
23c. DATE SIGNED: 1-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 1-9-53
24c. NAME OF CEMETERY OR CREMATORY: Oklahoma cemetery
24d. LOCATION (City, town, or county) (State): Linn Mo R.D.

DATE REC'D BY LOCAL REG.: Jan 7-1953
REGISTRAR'S SIGNATURE: R. P. Dorris MD MR
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Clyde Morton Linn Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Vernon Morton

Licensed Embalmer No. 4125

P. O. Address Linn

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.