

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7128

No. 300
10.48

FILED MAR 11 1953 17032

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 6-962 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>PLATTE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>PLATTE</u>	
b. CITY OR TOWN <u>RURAL</u>		c. CITY OR TOWN <u>RURAL WESTON, MO</u>	
c. LENGTH OF STAY (in this place) <u>WESTON, MO</u>		d. STREET ADDRESS (If rural, give location) <u>0830</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MICKEL</u>	b. (Middle) _____	c. (Last) <u>BRANNEN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2</u> <u>26</u> <u>1953</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>INFANT 0</u>	8. DATE OF BIRTH <u>2-26-1953</u>	9. AGE (In years last birthday) (If under 1 year: Months) (If under 12 months: Days) (If under 12 hours: Hours) (If under 15 minutes: Min.) <u>30</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>WESTON, MO</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>EDGAR W. BRANNEN</u>	13b. MOTHER'S MAIDEN NAME <u>MARY RUTH HUNT</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Edgar W. Brannen</u>	ADDRESS <u>Weston</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature birth from an automobile accident</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Blue baby</u> <u>7735 F</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>mit #79</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Chrysler</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Weston</u> <u>PLATTE</u> <u>MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov 24 9:51 a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Automobile turned over</u>
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22. I hereby certify that I attended the deceased from Nov 30, 1952 to Feb 26, 1953, and that death occurred at 12:29 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. H. Moore</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Dearborn MO</u>	23c. DATE SIGNED <u>Feb 26 1953</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2-27-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CAMERON, MO</u>	24d. LOCATION (City, town, or county) (State) <u>CAMERON MO</u>
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DATE REC'D BY LOCAL REG. <u>2-26-53</u>	REGISTRAR'S SIGNATURE <u>Chloe Rollins</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>VAUGHN & AUFRANC</u>	ADDRESS <u>DEARBORN, MO.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

830

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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 W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, 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.