

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 3 - 1953

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 27

850

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Ft Leonard Wood, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kell</u> <u>8720</u>	
c. LENGTH OF STAY (In this place) - - -		d. STREET ADDRESS (If rural, give location) <u>RD# 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>US Army Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JESSE</u>	b. (Middle) <u>H.</u>	c. (Last) <u>BRANSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 21 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>Married</u>	8. DATE OF BIRTH <u>7 Oct 1928</u>	9. AGE (In years last birthday) <u>24</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY - - -	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Deceased</u>	13b. MOTHER'S MAIDEN NAME - - -	14. NAME OF HUSBAND OR WIFE <u>Jo Ann Branson</u>
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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>Yes 25 Sept 1952</u>	16. SOCIAL SECURITY NO. - - -	17. INFORMANT'S SIGNATURE OR NAME <u>US Army Hospital</u> <u>B. J. BAJORIN, Maj, MSC Ft. Leonard Wood, Missouri</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 DAYS</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute glomerulonephritis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		
DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>5192</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 18 Feb, 1953, to 21 Feb, 1953, that I last saw the deceased alive on 21 Feb, 1953, and that death occurred at 12:30 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>John F. Hurdle</u> (Deputy or title)	23b. ADDRESS <u>U.S. ARMY HOSP. FT. WOOD, MO</u>	23c. DATE SIGNED <u>21 Feb 53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>Feb 23-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>unknown</u>	24d. LOCATION (City, town, or county) (State) <u>Kell, Illinois</u>
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DATE REC'D BY LOCAL REG. <u>2-23-53</u>	REGISTRAR'S SIGNATURE <u>Paula Spivey Anderson</u>	4580	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hedgar Funeral Home Crocker, Mo</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed 2-28-53
File Number

Pulaski County Health Officer
RECEIVED 2-23-53

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Clarence Shoss

Signed
Student Embalmer

Licensed Embalmer No. 4896

P. O. Address Waynesville, Ind.

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.