

STANDARD CERTIFICATE OF DEATH

9391

State File No.

FILED MAR 23 1953

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 279

0396

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

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY WEBSTER	
b. CITY (If outside corporate limits, write RURAL and give township) SPRINGFIELD TOWN RURAL EAST DALLAS		c. CITY (If outside corporate limits, write RURAL and give township) RURAL EAST DALLAS 1130	
c. LENGTH OF STAY (In this place) 7 DA.		d. STREET ADDRESS (If rural, give location) /	
d. FULL NAME OF HOSPITAL OR INSTITUTION SPRINGFIELD BAPTIST HOSP.			

3. NAME OF DECEASED a. (First) ANNA		b. (Middle) MYRTLE		c. (Last) BRANSTETTER		4. DATE OF DEATH (Month) (Day) (Year) MARCH 16, 1953							
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JUNE 18, 1885		9. AGE (In years last birthday) 67		10. IF UNDER 1 YEAR Months Days		11. 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 SELF		11. BIRTHPLACE (State or foreign country) MISSOURI				12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME DANIEL STONE			13b. MOTHER'S MAIDEN NAME NANCY WHITEHEAD			14. NAME OF HUSBAND OR WIFE MILLARD		
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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) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MILLARD BRANSTETTER				ADDRESS RT. 1 FORDLAND, MO.			
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Vascular Disease							
		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 332X						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)			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 9 March, 1953, to 16 March, 1953, that I last saw the deceased alive on 16 March, 1953, and that death occurred at 9:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE Stanley S. Peterson, M.D.		23b. ADDRESS Springfield, Mo		23c. DATE SIGNED 20 March 53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-18-53		24c. NAME OF CEMETERY OR CREMATORY FORDLAND CEM.		24d. LOCATION (City, town, or county) (State) FORDLAND, MISSOURI	
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DATE REC'D BY LOCAL REG. 3-21-53		REGISTRAR'S SIGNATURE E. W. Williams Registrar		25. FUNERAL DIRECTOR'S SIGNATURE W. F. Ferrell		ADDRESS Fordland, Mo	
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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.....

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working under my personal supervision.

Student Embalmer No.....

Signed.....

W. H. Linnell

Signed.....
Student Embalmer

Licensed Embalmer No..... *4910*

P. O. Address..... *Fordland, 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.