No. 300
30.48

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

FILED JUN 29 1953

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

20718

State File No.

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 695

**1. PLACE OF DEATH**
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (In this place): 2 Mons.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 210 So. 10th St. Idle Hour Nursing Home

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Andrew
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural- Jefferson Township
d. STREET ADDRESS (If rural, give location): R#3 St. Joseph, Mo.

0020

**3. NAME OF DECEASED** (Type or Print)
a. (First): Hettie
b. (Middle): Ellen
c. (Last): Brannen

**4. DATE OF DEATH** (Month) (Day) (Year): June 20, 1953

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: April 14, 1866
**9. AGE** (In years last birthday): 87 — If under 1 year: Months, Days — If under 1 hr.: 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**: At home
**11. BIRTHPLACE** (City and State or Foreign Country): Madison County, Indiana.
**12. CITIZEN OF WHAT COUNTRY?**: USA
**13a. FATHER'S NAME**: David Hoover
**13b. MOTHER'S MAIDEN NAME**: Emma Winters
**14. NAME OF HUSBAND OR WIFE**: James Brannen
**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No — (If yes, give war or dates of service): *****
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME**: Mrs. Charles A. Lybarger — ADDRESS: R#3 St.Joe,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 hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) fractured hip — 2 years
DUE TO (c) arteriosclerosis — int time

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**
9030
21 00
**20. AUTOPSY?** YES ☐ NO ☒

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): Accident
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
**21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)**: Jefferson Twsp. Andrew Missouri
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): Apr.13,1951 P.m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☒
**21f. HOW DID INJURY OCCUR?**: Fell on brick porch.

22. *I hereby certify that I attended the deceased from* June 1951 *19*53, *to* June 21, *19*53, *that I last saw the deceased alive on* June 20, *19*53, *and that death occurred at* 3:40A *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Collis Poundy M.D.
**23b. ADDRESS**: Kansas City, Mo.
**23c. DATE SIGNED**: June 22-53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: June 22, 1953
**24c. NAME OF CEMETERY OR CREMATORY**: Mt. Auburn Cemetery
**24d. LOCATION** (City, town, or county) (State): St. Joseph, Missouri.

DATE REC'D BY LOCAL REG.: June 25, 1953
REGISTRAR'S SIGNATURE: Hattie M. Allison 485C
25. FUNERAL DIRECTOR'S SIGNATURE: Meerhoffer-Freeman, Inc. — ADDRESS: St.Joseph,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 Albert R. Fleming Co

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.