

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24648
3357

State File No.

FILED JUL 24 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 45 years	c. CITY OR TOWN Kansas City d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		e. STREET ADDRESS (If rural, give location) 13 920 Cherry	
3. NAME OF DECEASED (Type or Print) MRS. GLADYS BRANAMAN		a. (First)	b. (Middle)
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 1886	
9. AGE (In years last birthday) 67		10. MONTHS 1	
11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Switchboard Operator—Somerton Hotel		10b. KIND OF BUSINESS OR INDUSTRY	
13a. FATHER'S NAME Wm. E. Barton		13b. MOTHER'S MAIDEN NAME Jennie C. Moss	
14. NAME OF HUSBAND OR WIFE Harry Branaman		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. 487-07-5016		17. INFORMANT'S SIGNATURE OR NAME Mrs. Alice Payne	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction INTERVAL BETWEEN ONSET AND DEATH 1 yr ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Wm. M. INTERVAL BETWEEN ONSET AND DEATH 42 1/2 2 mth.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>6/19</u> , 19 <u>53</u> , to <u>7/2</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>7/1</u> , 19 <u>53</u> , and that death occurred at <u>5:15 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE D. J. Cutcliff		23b. ADDRESS 1222 Mt. St.	
23c. DATE SIGNED 7/2/53		23d. SIGNATURE D	
24a. BUREAU OF CREMATION/REMOVAL (Specify) Burial		24b. DATE July 6 1953	
24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 7-6-53		REGISTRAR'S SIGNATURE Seraldine Smith	
FUNERAL DIRECTOR'S SIGNATURE Quirk & Robin		ADDRESS 20 W Linwood	

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

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, ~~and by~~, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Farrest D. Coldenow*.....

Licensed Embalmer No. *4714*.....

P. O. Address *K. C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.