

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28097**

FILED SEP 8 - 1953

BIRTH NO. _____		REG. DIST. NO. <b>77</b>		PRIMARY REG. DIST. NO. <b>3016</b>		Registrar's No. <b>246</b>	
1. PLACE OF DEATH a. COUNTY <b>COLE</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>OSAGE</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFFERSON City</b>		c. LENGTH OF STAY (in this place) <b>3 days</b>		c. CITY OR TOWN <b>BELLE R D</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>ST MARY'S Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>Jefferson Township 0760 1</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b>			b. (Middle) <b>Thomas</b>		c. (Last) <b>Branson</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 1 1953</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>April 4 1866</b>		9. AGE (In years last birthday) <b>87</b>	10. UNDER 1 YEAR Months <b>4</b> Days <b>27</b>	11. UNDER 18 HRS. Hours <b>27</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Compton Hill Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Gilbert Branson</b>			13b. MOTHER'S MAIDEN NAME <b>Nancy J Clay</b>		14. NAME OF HUSBAND OR WIFE <b>Esther Phelps</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Clint Bramson</b>		ADDRESS <b>Belle Mo.</b>	
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) <b>Arteriosclerotic Cardio-Vascular Disease</b> <b>12 years.</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH <b>7 mo</b>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Essential Hypertension</b> <b>3 yrs.</b>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4221</b>					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 <b>8:30</b> , 1953 to <b>9-1</b> , 1953, that I last saw the deceased alive on <b>8-31</b> , 1953, and that death occurred at <b>6:30 AM</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>L. P. Z. Hubler M.D.</b>				23b. ADDRESS <b>Jefferson City, Mo</b>		23c. DATE SIGNED <b>9-2-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9/3/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>College Hill</b>		24d. LOCATION (City, town, or county) (State) <b>Belle Mo R.D.</b>		
DATE REC'D BY LOCAL REG. <b>Sept 2 - 1953</b>		REGISTRAR'S SIGNATURE <b>R. P. Davis M.D. - M.R.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Clifford Morton</b>		ADDRESS <b>Linn Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Vernon M. Norton*

Licensed Embalmer No. *4125*

P. O. Address *Linn M*

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.