

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4341**
61

BIRTH NO. **FILED MAR 8 1954** REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **61**

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MORGAN	
b. CITY OR TOWN JEFFERSON-CITY	c. LENGTH OF STAY (in this place) 11 days	c. CITY OR TOWN RURAL	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 ST-MARYS HOSPITAL		e. STREET ADDRESS (If rural, give location) 3 1/2 mi - S-W - BARNETT	

3. NAME OF DECEASED (Type or Print) a. (First) Josephine b. (Middle) BRANSTETTER c. (Last)			4. DATE OF DEATH MARCH-5-1954 (Month) (Day) (Year)		
5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 18 MAY 1935		9. AGE (In years last birthday) 18 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 14 HRS: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE-WORK		10b. KIND OF BUSINESS OR INDUSTRY AT-HOME	11. BIRTHPLACE (City and State or Foreign Country) MORGAN-CO-MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.

12a. FATHER'S NAME Joseph-BRANSTETTER		13b. MOTHER'S MAIDEN NAME DORTHY-WASMER		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (See no. or unknown) NO (If yes, give war or dates of service) NONE		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME DORTHY-BRANSTETTER-BARNETT ADDRESS BARNETT	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Second & Third degree burns of entire body		INTERVAL BETWEEN ONSET AND DEATH 11 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) burns of entire body			
		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		E9160 16			

19a. DATE OF OPERATION NONE		19b. MAJOR FINDINGS OF OPERATION NONE		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) farm home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Morgan Co. Mo.	
21d. TIME OF INJURY 2-22-54 11A		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR Pouring kerosene on fire	

22. I hereby certify that I attended the deceased from **2-22-1954** to **3-5-1954**, that I last saw the deceased alive on **3-4-1954**, and that death occurred at **6:00 AM** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. Quisman MD		23b. ADDRESS Jeff. city - Mo		23c. DATE SIGNED 3-5-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7 MARCH 54		24c. NAME OF CEMETERY OR CREMATORY Tris-Rock	
24d. LOCATION (City, town, or county) (State) MORGAN-CO-MO		25. FUNERAL DIRECTOR'S SIGNATURE Keith McKays		ADDRESS Elido N	
DATE REC'D BY LOCAL REG. Mar 6 1954		REGISTRAR'S SIGNATURE R.P. Davis MD			

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 *Keith McKays*
Licensed Embalmer No. *399*

P. O. Address *Eldon*

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.