

No. 300
10.48

FILED APR 5 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38229

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

BIRTH NO. _____		REG. DIST. NO. <u>119</u>		PRIMARY REG. DIST. NO. <u>5436</u>		Registrar's No. <u>7</u>	
1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Boulware</u>		c. LENGTH OF STAY (In this place) <u>lifetime</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Boulware Twp.</u>		0370	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bay, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>Bay, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John Wesley</u> b. (Middle) <u>Branson</u> c. (Last) _____				4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 28, 1954</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Aug. 19, 1874</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Judge, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John W. Branson</u>		13b. MOTHER'S MAIDEN NAME <u>Mary West</u>		14. NAME OF HUSBAND OR WIFE <u>Mary West Branson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Emmett Branson Bay, Mo.</u>			
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) <u>Hypostatic pneumonia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Malnutrition</u> DUE TO (c) <u>Paraplegia & Dysphagia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Large dorsal decubitis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 da.</u> <u>8 yrs</u> <u>8 yrs</u> <u>unknown</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☒		352 X	
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan. 18, 1954</u> to <u>Feb. 28, 1954</u> , that I last saw the deceased alive on <u>Feb. 27, 1954</u> , and that death occurred at <u>8 a.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Ed. J. Fisher, M.D.</u>				23b. ADDRESS <u>Hermann Mo.</u>		23c. DATE SIGNED <u>3/1/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>3-2-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Giedinghagen Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>near Mt. Sterling, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-2-54</u>		REGISTRAR'S SIGNATURE <u>Delmar Gerken</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. H. H. Winter</u>		ADDRESS <u>OWENSVILLE</u>	

(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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Myron H. N. Winter

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE

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.