

## STANDARD CERTIFICATE OF DEATH

State File No. 246BIRTH NO. 41802-54 REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 246

1. PLACE OF DEATH a. COUNTY <u>Calloway</u>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Calloway</u>		
b. CITY OR TOWN <u>Fulton</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Fulton</u>		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 <u>Calloway Co. Hospital</u>			e. STREET ADDRESS (If rural, give location) <u>01420</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>WESLEY</u>		b. (Middle) <u>JUNIOR</u>	c. (Last) <u>BRANHAM</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 21st 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>in cont</u>	8. DATE OF BIRTH <u>JULY 20, 1954</u>	9. AGE (In years last birthday)	# UNDER 1 YEAR Months <u>30</u> Days <u>30</u> Hours <u>30</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Fulton Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Wesley Branham</u>		13b. MOTHER'S MAIDEN NAME <u>Roseta Woodly</u>	14. NAME OF HUSBAND OR WIFE <u>Roseta Woodly</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Oras Woodly</u>		ADDRESS <u>410 Perry</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature infant - 6 1/2 months gestation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>cause unknown</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>5 weeks</u>
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) <u>776 X</u>			
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>7/15</u> , 19 <u>54</u> , to <u>8/21</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>8/20</u> , 19 <u>54</u> , and that death occurred at <u>4:00</u> a.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Nenny D. D. D.</u>			23b. ADDRESS <u>Fulton, Mo.</u>		23c. DATE SIGNED <u>8/21/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 22-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Richmond</u>	24d. LOCATION (City, town, or county) (State) <u>Calloway Co. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Aug 21-1954</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	426-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stewart Parker</u>	ADDRESS <u>Columbia Mo.</u>	

(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 <sup>not</sup> by me, or by ....., Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Stuart D. Parker* .....

Licensed Embalmer No. *290*

P. O. Address *Columbia*

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.