

FILED JAN 12 1955

## STANDARD CERTIFICATE OF DEATH

State File No. 2032

BIRTH NO. _____		REG. DIST. NO. <u>276</u>		PRIMARY REG. DIST. NO. <u>4410</u>		Registrar's No. <u>2</u>	
1. PLACE OF DEATH a. COUNTY <u>Phelps</u> <u>0</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>Jasper</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. James</u>		c. LENGTH OF STAY (In this place) <u>3 yrs.</u>		c. CITY OR TOWN <u>Webb City, Mo.</u>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Soldiers Home Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>0492</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARTHA</u>			b. (Middle) <u>Branson</u>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 3, 1955</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 1, 1868</u>		9. AGE (In years last birthday) <u>87</u> IF UNDER 1 YEAR: Months <u>7</u> Days <u>2</u> IF UNDER 1 HR. Hours <u>2</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Shaver Co. - Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Newton Branson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>-</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Soldiers Home office - St James 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic heart disease</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>hypertension</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2</u> <u>2 2</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>				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>June 16, 1953</u> , to <u>Jan 3, 1955</u> , that I last saw the deceased alive on <u>Jan 3, 1955</u> , and that death occurred at <u>9:50 am</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or Title) <u>Jos A. Trasskewitz M.D.</u>				23b. ADDRESS <u>St James, Mo</u>		23c. DATE SIGNED <u>Jan 3-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 5, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Webb City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Webb City Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan 3, 1955</u>		REGISTRAR'S SIGNATURE <u>Ruth B. Powell</u> <u>479</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Prof E. Licklider</u>		ADDRESS <u>St James 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 by me, or by me, Student Embalmer No. .... working under my personal supervision. .

Student.....  
Signature of Student Embalmer

Signed Orel E. Licklied

Licensed Embalmer No. 35

P. O. Address St. Jerm

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.