No. 300
10-48

FILED FEB 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4452

BIRTH NO. ______ REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 5439 Registrar's No. 8

370

1. PLACE OF DEATH
a. COUNTY: Gasconade
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Canaan Twp.
c. LENGTH OF STAY (in this place): 8 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Farm on Rosebud, Mo. Rt 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Gasconade
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Canaan Twp. 0370
d. STREET ADDRESS (If rural, give location): Rosebud, Mo. Rt. 1 0

3. NAME OF DECEASED (Type or Print) a. (First) Alfred b. (Middle) Clarence c. (Last) Branson

4. DATE OF DEATH (Month) (Day) (Year): Feb. 12, 1955

5. SEX: male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single 0
8. DATE OF BIRTH: Dec. 6, 1931
9. AGE (In years last birthday): 23 IF UNDER 1 YEAR Months | Days IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and State or Foreign Country): Owensville, Mo. Rural 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Alfred P. Branson
13b. MOTHER'S MAIDEN NAME: Thelma A. Branson
14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): 11-'52 to 11-'54
16. SOCIAL SECURITY NO.: 490-40-4684
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Alfred P. Branson Rosebud, Mo. Rt1

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) accident on Farm

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — E8354 33

INTERVAL BETWEEN ONSET AND DEATH: ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm
21c. (CITY, TOWN, OR TOWNSHIP) 03 (COUNTY) Gasconade (STATE) Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 2 12 55 9 A.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Albert was pushing car out of garage down grade when he was trapped between side of garage & car.

22. I hereby certify that I attended the deceased from At Time of accident, 19__ to ______, 19__, that I last saw the deceased alive on ______, 19__, and that death occurred at 9 A m., from the causes and on the date stated above.

23a. SIGNATURE: Chas A. Shinn D.M. (Degree or title) 1493
23b. ADDRESS: Gerald Mo
23c. DATE SIGNED: 2-14-55

0

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 2-15-1955
24c. NAME OF CEMETERY OR CREMATORY: City Cemetery
24d. LOCATION (City, town, or county) (State): Owensville, Mo.

DATE REC'D BY LOCAL REG.: February 17, 1955
REGISTRAR'S SIGNATURE: Mrs Marvin Tappmeyer
25. FUNERAL DIRECTOR'S SIGNATURE: Milford H. H. Winter ADDRESS: Owensville

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 28 1955

FEB 14 1955

MAY 8 1950

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 Mulford H Winter

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE 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 this body is not embalmed, fact should be so stated above.