

STANDARD CERTIFICATE OF DEATH

4592

State File No.

FILED FEB 21 1955

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

BIRTH NO. _____		REG. DIST. NO. <u>133</u>		PRIMARY REG. DIST. NO. <u>3022</u>		Registrar's No. <u>16</u>	
1. PLACE OF DEATH a. COUNTY <u>Harrison</u> <u>04110</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Nebraska</u> b. COUNTY <u>Cass</u>			
b. CITY OR TOWN <u>Bethany</u>		c. LENGTH OF STAY (In this place) <u>1 day</u>		c. CITY OR TOWN <u>Plattsmouth</u>		d. Is 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>Reid Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>82608</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hershel</u> b. (Middle) <u>Edward</u> c. (Last) <u>Brannen</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-14-55</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>MAY 22-1922</u>	
9. AGE (In years last birthday) <u>32</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unemployed</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		9. AGE (In years last birthday) <u>32</u> IF UNDER 1 YEAR Months <u>9</u> Days <u>22</u> IF UNDER 1 HR. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unemployed</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Daviess County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Detmer Brannen</u>			13b. MOTHER'S MAIDEN NAME <u>Virgil Hencke</u>		14. NAME OF HUSBAND OR WIFE <u>Divorced</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Navy World War II</u>		16. SOCIAL SECURITY NO. <u>508-42-7678</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Irene Applegate Plattsmouth Neb.</u> ADDRESS _____			
18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture skull plus</u>					
		ANTECEDENT CAUSES					
		*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.					
		MORIBUND CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Multiple fractures and</u>					
		DUE TO (c) <u>Internal Injuries</u>					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. <u>EP234 31</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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>New Hampton Harrison Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2-13-1955 6:00 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Car struck cement bridge</u>			
22. I hereby certify that I attended the deceased from <u>2-13</u> , 19 <u>55</u> , to <u>2-14</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>2-14</u> , 19 <u>55</u> , and that death occurred at <u>6:00 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Gilbert H. Thorge D.O. Bethany Mo</u>				23b. ADDRESS _____		23c. DATE SIGNED <u>2-16-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-16-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Antioch</u>		24d. LOCATION (City, town, or county) (State) <u>Bethany Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-16-55</u>		REGISTRAR'S SIGNATURE <u>Zola Burris '16</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.B. Swan</u> ADDRESS <u>Bethany Mo.</u>			

MAR 26 1955

MAR 29 1955
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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 *Y. M. [Signature]*

Licensed Embalmer No. *389*

P. O. Address *Bethany, I*

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.