

FILED FEB 28 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5920

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6071 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <b>ST. FRANCOIS</b> 0940		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. FRANCOIS</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>FRENCH VILLAGE</b>		c. CITY OR TOWN <b>FRENCH VILLAGE</b>	
c. LENGTH OF STAY (in this place) <b>MO. 10. 20. 30. 40. 50. 60. 70. 80. 90. 100.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>FRENCH VILLAGE</b>		STREET ADDRESS (If rural, give location) <b>ROUTE 1</b> 0940	

3. NAME OF DECEASED (Type or Print) <b>CECELIA BRANIECKI</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>FEB 17 1955</b>		
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	
8. DATE OF BIRTH <b>Nov. 4. 1878</b>		9. AGE (In years last birthday) <b>76</b>		IF UNDER 1 YEAR Months <b>3</b> Days <b>13</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWORK</b>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (City and State or Foreign Country) <b>POLAND</b> 4	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>					

13a. FATHER'S NAME <b>ANTHONY MICHALAK</b>		13b. MOTHER'S MAIDEN NAME <b>CATHERINE (UNKNOWN)</b>		14. NAME OF HUSBAND OR WIFE <b>VINCENT BRANIECKI</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>DONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>VINCENT BRANIECKI</b> ADDRESS <b>FRENCH VILLAGE MO</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2-3 Mo</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Hypertension</b>			
		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.			

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) <b>331X</b>	
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 **12-13**, 19**52**, to **2-17**, 19**53**, that I last saw the deceased alive on **1-1**, 19**54**, and that death occurred at **3:00** p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>D.L. Evans</b> 289 (Degree or title)		23b. ADDRESS <b>Rome Terre MO</b>		23c. DATE SIGNED <b>2-18-1953</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>FEB. 19. 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>ST. ANN'S</b>	
		24d. LOCATION (City, town, or county) (State) <b>FRENCH VILLAGE MO.</b>			

DATE REC'D BY LOCAL REG. <b>Feb. 18, 1955</b>		REGISTRAR'S SIGNATURE <b>Ether Rudloff</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Benjamin Gable</b> ADDRESS <b>Rome Terre MO</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 18 1953

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 *G. J. Raywell*

Licensed Embalmer No. *3706*

P. O. Address *.....*

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.