

FILED MAR 8 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7039**

BIRTH NO. _____ REG. DIST. NO. 356 PRIMARY REG. DIST. NO. 6206 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Texas</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Jackson</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Jackson</u>	
c. LENGTH OF STAY (in this place) <u>6 mos.</u>		d. STREET ADDRESS (If rural, give location) <u>2 mi N.E. of Raymondville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED a. (First) <u>STELLA</u> (Type or Print)		b. (Middle) <u>IDELLA</u> c. (Last) <u>BRANSON</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 28 1955</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Aug. 2, 1875</u>
9. AGE (In years last birthday) <u>79</u>	10. MONTHS <u>6</u>	11. DAYS <u>26</u>	12. IF UNDER 14 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTH PLACE (City and State or Foreign Country) <u>Greenfield, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Fogel</u>		13b. MOTHER'S MAIDEN NAME <u>Barah E. Way</u>	
14. NAME OF HUSBAND OR WIFE <u>Joseph</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give date of service)		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Henry Branson</u>		ADDRESS <u>Raymondville</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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary artery disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 year.</u> ANTECEDENT CAUSES DUE TO (b) <u>Generalized arteriosclerosis</u> <u>5 yrs.</u> DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma of bowel</u> <u>?</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201 H</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 checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July</u> , 19 <u>54</u> , to <u>Feb 28</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Feb 27, 1955</u> , and that death occurred at <u>1:00 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Gene B. Healy M.D.</u>		23b. ADDRESS <u>Houston Mo.</u>	
23c. DATE SIGNED <u>3/1/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-2-55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Allen</u>		24d. LOCATION (City, town, or county) (State) <u>Texas Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-4-55</u>		REGISTRAR'S SIGNATURE <u>Myrtle Craig</u> <u>327</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Elliott Hunsel</u>		ADDRESS <u>Amey Houston</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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, Mo

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.