

FILED APR 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11802**
Registrar's No. **1639**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
F. Stanley Forest.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 45 yrs.		STREET ADDRESS (If rural, give location) 1120 West 77th St. 2924	
d. FULL NAME OF HOSPITAL OR INSTITUTION DOA - St. Joseph Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) WESLEY b. (Middle) W. c. (Last) BRANSON			4. DATE OF DEATH (Month) (Day) (Year) April 11, 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 1, 1894
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 4 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President - Western		10b. KIND OF BUSINESS OR INDUSTRY Typesetting Co.	11. BIRTHPLACE (City and State or Foreign Country) Macon, Missouri
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Levi Branson		13b. MOTHER'S MAIDEN NAME Ida Stroppe	14. NAME OF HUSBAND OR WIFE Pauline Branson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or date of service) WW#1		16. SOCIAL SECURITY NO. 486-09-9087	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Pauline Branson, 1120 W. 77th, K.C.Mo.
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ventricular Fibrillation ANTECEDENT CAUSES myocardial infarctions 1951 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 1954 DUE TO (c) Arteriosclerotic Heart Disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none	
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) Kansas City, Jackson, Mo.	
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 Jan 6, 1951 to Apr 11, 1955 , that I last saw the deceased alive on Apr 11, 1955 , and that death occurred at 5115th , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) F. Stanley Forest M.D.		23b. ADDRESS 1000 Professional Bldg.	23c. DATE SIGNED 4-12-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-13-55	24c. NAME OF CEMETERY OR CREMATORY Mt. Washington	24d. LOCATION (City, town, or county) (State) K.C. Mo.
DATE REC'D BY LOCAL REG. 4-13-55	REGISTRAR'S SIGNATURE neva minshall	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE UND. CO. K.C.MO.	

2nd Street, Miss. City
1000 1st St. N.W.

EP 871

Vi 0142

after 1:00 PM
MAY 18 1955

JUL 1 1955

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 *Elmer D. Triplett*

Licensed Embalmer No. 481

P. O. Address *Kansas City*

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.