

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26929

State File No.

FILED SEP 15 1955

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5706 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY <u>McDonald</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rt. # 1 Anderson</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Goodman</u>	
c. LENGTH OF STAY (in this place) <u>72 hours</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u> b. (Middle) <u>Oliver</u> c. (Last) <u>Branstetter</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 31 1955</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 20, 1912</u>	9. AGE (In years last birthday) <u>42</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>11</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>	11. BIRTHPLACE (State or foreign country) <u>Carthage, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Theodore Branstetter</u>	13b. MOTHER'S MAIDEN NAME <u>Nellie Lee Hitt</u>	14. NAME OF HUSBAND OR WIFE <u>Irene Mitchell Branstetter</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>W. W. II.</u>	16. SOCIAL SECURITY NO. <u>443-09-7867</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Irene Branstetter, Goodman, Mo.</u> ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<u>Sudden</u>
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 <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>W. M. Humphrey, Jr. Coroner</u> (Degree or title)	23b. ADDRESS <u>Noel, Mo.</u>	23c. DATE SIGNED <u>9-1-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/4/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lanagan Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lanagan, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>9-13-55</u>	REGISTRAR'S SIGNATURE <u>Maxine Humphrey</u>	423	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul Ralph Anderson</u> ADDRESS <u>Missouri</u>
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(Licensed Embalmer, Signature on Reverse Side)

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

600
1

0600
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SEP 15 1955

~~100-100-100-100-100~~

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 R.E. Cheston

Licensed Embalmer No. 3813

P. O. Address Anderson

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.