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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27479
State File No. 6487
Registrar's No. 6487

BIRTH NO. 25265-55 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1009

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY			
b. CITY OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place) D.O.A.		c. CITY OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CHILDREN'S HOSP		STREET ADDRESS (If rural, give location) 13 2715A. S. KINGSHIGHWAY			
3. NAME OF DECEASED (Type or Print) REX		a. (First) b. (Middle) c. (Last) BRANSON		4. DATE OF DEATH (Month) (Day) (Year) 7-27-55	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH April-10-55		9. AGE (In years last birthday) 3 1/2		10. CITIZEN OF WHAT COUNTRY U.S.	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MO.	

13a. FATHER'S NAME BILL C. BRANSON		13b. MOTHER'S MAIDEN NAME Juanita Waite		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME V. TODD - 500 S. KINGSHIGHWAY ADDRESS	

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) Cause unknown		ANTECEDENT CAUSES				
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Congenital Cardiac Hypertrophy				
DUE TO (c)		D. 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 754.4		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) ST. LOUIS MO.	
21d. TIME OF INJURY		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 7/27, 1955, to 7/27, 1955, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:50A m., from the causes and on the date stated above.

23a. SIGNATURE Barbara Jones M.D.		(Degree or title)		23b. ADDRESS 500 So Kingshighway		23c. DATE SIGNED 7-27-55	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE July 29 1955		24c. NAME OF CEMETERY OR CREMATORY National		24d. LOCATION (City, town, or county) (State) Jefferson City MO	
DATE REC'D BY LOCAL REG. JUL 28 1955		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS [Address]	

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.....
Signature of Student Embalmer

Signed *Ben Hoffman*.....

Licensed Embalmer No. *243*.....

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

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.