

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

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**33041**

**FILED NOV 4 1955**

State File No. \_\_\_\_\_

BIRTH NO. 64339-55 REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 1234 Registrar's No. 74

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Iron County</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ironton</u>		c. LENGTH OF STAY (in this place) <u>7hrs</u>	c. CITY OR TOWN <u>Ironton</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>8470</u>			

<b>3. NAME OF DECEASED</b> (Type or Print) <u>Baby</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>10 12 1955</u>		
a. (First)	b. (Middle)	c. (Last)			

<b>5. SEX</b> <u>female</u>	<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>never married</u>	<b>8. DATE OF BIRTH</b> <u>10-12-1955</u>	<b>9. AGE (In years last birthday)</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____ <u>7hrs</u>
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Ironton, Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b>	
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<b>13a. FATHER'S NAME</b> <u>William Branaugh</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Shirley Campbell</u>		<b>14. NAME OF HUSBAND OR WIFE</b>	
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>William Branaugh</u>		<b>ADDRESS</b> <u>Potosi, Mo</u>	
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>					<b>INTERVAL BETWEEN ONSET AND DEATH</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.		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</b> <u>Premature less than 7 mo. gestation -</u>					
		<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____ DUE TO (c) _____					
		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.					<u>776X</u>

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	

**22. I hereby certify that I attended the deceased from 10-12 1955, to 10-12 1955, that I last saw the deceased alive on 10-12 1955, and that death occurred at 4:30 m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>Joseph L. Thurman, M.D.</u>		<b>23b. ADDRESS</b> <u>Potosi, Mo.</u>		<b>23c. DATE SIGNED</b> <u>10-13-55</u>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>burial</u>	<b>24b. DATE</b> <u>10-13-1955</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>New Masonic Cemetery</u>		<b>24d. LOCATION (City, town, or county) (State)</b> <u>Potosi, Mo</u>	
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<b>DATE REC'D BY LOCAL REG.</b> <u>10-17-55</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Mrs. Avis Jones</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Arthur W. Smith</u>		<b>ADDRESS</b> <u>Potosi, Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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 *Mary M. Smith*  
Licensed Embalmer No. *43*

P. O. Address *Pataxi*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.