

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 22 1955

State File No. 36167

BIRTH NO. _____ REG. DIST. NO. 389 PRIMARY REG. DIST. NO. 5123 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY OR TOWN <u>Rural Summit Jurg</u>		c. CITY OR TOWN <u>Woodruff</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sm. S. E. New Bloomfield</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u>		b. (Middle) <u>Homer</u>	
c. (Last) <u>BRANCH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 16 55</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>Nov 27 1890</u>
9. AGE (In years last birthday) <u>64</u>	Months <u>11</u>	Days <u>19</u>	IF UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Callaway Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Chas a Branch</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Cherry</u>	14. NAME OF HUSBAND OR WIFE <u>Ila Branch</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W1</u>	16. SOCIAL SECURITY NO. <u>487-18-1924</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>This Homer Branch New Bloomfield</u>	
18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Valvular Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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	
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) m.	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 <u>Nov 16</u> , 19 <u>55</u> , to <u>Nov 16</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Nov 16</u> , 19 <u>55</u> , and that death occurred at <u>8 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>E. M. Clark</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>New Bloomfield Mo</u>	23c. DATE SIGNED <u>Nov 17 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 18-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Middle River Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>5 1/2 mi N.E. Abbeville Mo</u>
DATE REC'D BY LOCAL REG. <u>11/17/55</u>	REGISTRAR'S SIGNATURE <u>Felby Claypool</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walt Clayton Abbeville Mo</u>	

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

FEB 9 1956

NOV 22 1951

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... LeRoy Claypool

Licensed Embalmer No. 44

P. O. Address New Blinn

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