

No. 300
10.48

0264

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36316

State File No.

FILED DEC 5 1955

BIRTH NO. 74810-55 REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 341

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| 1. PLACE OF DEATH a. COUNTY <u>Cole</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>502 Hamlin St.</u> | |

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|---|------------|-------------|-----------|---------------------------------------|
| 3. NAME OF DECEASED (Type or Print) <u>John Hadley Branch</u> | a. (First) | b. (Middle) | c. (Last) | 4. DATE OF DEATH <u>Nov. 27, 1955</u> |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u> | 8. DATE OF BIRTH <u>Nov. 16, 1955</u> | 9. AGE (In years last birthday) <u>9</u> Months <u>9</u> Days <u>9</u> Hours <u>9</u> Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>infant</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Jefferson City, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Jim H. Branch</u> | 13b. MOTHER'S MAIDEN NAME <u>Shirley Mohr</u> | 14. NAME OF HUSBAND OR WIFE <u>66</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u>no</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Jim H. Branch</u> ADDRESS <u>Jefferson City, Mo.</u> |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>malnutrition</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) <u>Weakness at birth</u> DUE TO (c) <u>✓</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>772.0</u> | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.) | 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 Nov 16 1955, to Nov 27, 1955, that I last saw the deceased alive on Nov 27, 1955, and that death occurred at 6 P m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>L. A. P. Meyer M.D.</u> | 23b. ADDRESS <u>Jefferson City Mo</u> | 23c. DATE SIGNED <u>11-29-55</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Nov. 28, 1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>29 Nov 55</u> | REGISTRAR'S SIGNATURE <u>R. P. Davis MD MR</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Victor Bueschu</u> ADDRESS <u>Jefferson City Mo</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed Victor Busacher

Licensed Embalmer No. 3701

P. O. Address Jefferson 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 this body is not embalmed, fact should be so stated above.