

FILED MAR 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9782

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>207</u>		PRIMARY REG. DIST. NO. <u>5256</u>		Registrar's No. <u>9</u>	
1. PLACE OF DEATH a. COUNTY <u>MARIES</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MARIES</u>			
b. CITY OR TOWN <u>BLAND, R.F.D.</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY OR TOWN <u>BLAND</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>BLAND R.F.D. #1</u>				e. STREET ADDRESS (If rural, give location) <u>R.F.D. #1</u>			
3. NAME OF DECEASED (Type or Print) <u>LAURA</u>		a. (First) <u>LAURA</u>		b. (Middle) <u>(LEMMONS)</u>		c. (Last) <u>BRANSON</u>	
4. DATE OF DEATH <u>March 7-1956</u>		5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>July 6-1889</u>		9. AGE (In years last birthday) <u>66</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Grove Dale Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Jefferson Lemmons</u>		13b. MOTHER'S MAIDEN NAME <u>Alevia Stumps</u>		14. NAME OF HUSBAND OR WIFE <u>Wm. Branson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>William Branson</u>		ADDRESS <u>Bland, Mo. R.D.</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchiogenic carcinoma</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic heart disease</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>16 2 x</u>		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) (Min.) _____		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>Feb. 16</u> , 19 <u>53</u> , to <u>Mar 7</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Mar 4</u> , 19 <u>56</u> , and that death occurred at <u>7:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>F. Z. Kozal, M.D.</u> (Degree or title)				23b. ADDRESS <u>Belle, Mo.</u>		23c. DATE SIGNED <u>3-10-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>March 10/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Forest Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bland Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-13-56</u>		REGISTRAR'S SIGNATURE <u>Pauline Horan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Phyllis Morton</u>		ADDRESS <u>Binn Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

188-0

JUN 12 1956

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 *Vernon M. Mott*.....

Licensed Embalmer No. *4125*.....

P. O. Address *Levin St*.....

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.