Health, & Welfare Public Service

300
1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31448
STATE FILE NUMBER

FILED OCT 1 - 1956
71868-56

Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 68

1. PLACE OF DEATH
a. COUNTY: Moniteau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: California — Inside Limits: Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Latham Hospital — Length of stay in 1b: 30 Minutes

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Moniteau
c. CITY OR TOWN: California 0641 — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): Latham Hospital — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print) First / Middle / Last: Infant Daughter of James O. and Dora Branstetter

4. DATE OF DEATH Month Day Year: September, 27, 1956

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED ☐ **NEVER MARRIED** X ☐ **WIDOWED** ☐ **DIVORCED** ☐
8. DATE OF BIRTH: September, 27, 1956
9. AGE (In years last birthday) — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: -------
11. BIRTHPLACE (City and state or country): California, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James O. Branstetter
14. MOTHER'S MAIDEN NAME: Dora Chapman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) -------
16. SOCIAL SECURITY NO.: None
17. INFORMANT Address: James O. Branstetter, Clarksburg, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): Congenital Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 30 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Prematurity
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 7625
19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9-27-56, to 9-27-56 and last saw her alive on 9-27-56
Death occurred at 10:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Lionel M. Gallagher M.D.
22b. ADDRESS: California, Mo.
22c. DATE SIGNED: 9-27-56

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Sept. 27, 1956
23c. NAME OF CEMETERY OR CREMATORY: Mt. Carmel Cemetery
23d. LOCATION (City, town, or county) (State): Morgan County, Missouri

24. FUNERAL DIRECTOR ADDRESS: James E. Richards Tipton, Mo
25. DATE RECD. BY LOCAL REG.: 9-28-56
26. REGISTRAR'S SIGNATURE: K L Popejoy

(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 NOT em

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

(This body was not Embalmed)

Student.....
Signature of Student Embalmer

Signed James E. Richar

Licensed Embalmer No..2466

P. O. Address .....Tipton,

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