

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

31704

State File No. ....

FILED SEP 19 1956

BIRTH NO. ....		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>4427</u>		Registrar's No. <u>125</u>	
1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Texas</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Waynesville</u>		c. LENGTH OF STAY (In this place) <u>18 hrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Cass</u>		1070	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Waynesville General</u>				d. STREET ADDRESS (If rural, give location) <u>1070</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sandra</u>		b. (Middle) <u>Lee</u>		c. (Last) <u>Branson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 7, 1956</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Dec. 13 1952</u>	
9. AGE (In years last birthday) <u>3</u>		10. MONTHS <u>8</u>		11. DAYS <u>24</u>		12. HOURS <u>1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CHILD</u>				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (State or foreign country) <u>Wichita, Kansas</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Kenneth Branson</u>		13b. MOTHER'S MAIDEN NAME <u>Mildred Baker</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Kenneth Branson - Houston, Mo.</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>Acute Lymphatic Leukemia</u> ANTECEDENT CAUSES <u>Severe Intercostal &amp; Intra</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>luminal &amp; intra abdominal</u> DUE TO (c) <u>hemorrhage terminal</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND 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)		2040	
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>Apr. 15, 1956</u> , to <u>Sept. 7, 1956</u> , that I last saw the deceased alive on <u>Sept. 7, 1956</u> , and that death occurred at <u>6:05 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R. J. Burns, M.D.</u>		23b. ADDRESS <u>Houston, Mo.</u>		23c. DATE SIGNED <u>9/9/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9-9-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SIMMONS</u>		24d. LOCATION (City, town, or county) (State) <u>SIMMONS, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>9-13-56</u>		REGISTRAR'S SIGNATURE <u>Eula Mae Anderson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Elliott Funeral Home, Houston, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

458

RECEIVED 9-15-52  
Pulaski County Health Officer  
File Number 125  
Date Filed 9-13-52

### 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 Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, Mo

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.