

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 19 1956

State File No. 37540

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 102 PRIMARY REG. DIST. NO. 474 Registrar's No. \_\_\_\_\_

|  |                               |   |   |
|--|-------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Dunklin</u>  |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u> |   |
| b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Cardwell</u>   |                               | c. CITY OR TOWN <u>Cardwell</u>   | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>4 years</u>   |                               | e. STREET ADDRESS (If rural, give location) <u>Rt. # 1 1 Mile south Card-</u>   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Res. 1 mile south Cardwell</u>   |                               |   |   |
| 3. NAME OF DECEASED (Type or Print)  | a. (First) <u>Payline</u>     | b. (Middle) <u>Edith</u>  | c. (Last) <u>Branch</u>   |
| 4. DATE OF DEATH (Month) <u>Oct.</u> (Day) <u>30,</u> (Year) <u>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>11-15-1915</u>  |
| 9. AGE (In years last birthday) <u>40</u>  |                               | # UNDER 1 YEAR <u>11</u> Months <u>13</u> Days  | # UNDER 2 HRS. Hours <u></u> Min. <u></u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and State or Foreign Country) <u>Marmaduke, Ark.</u>   |
| 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>  |                               |   |   |
| 13a. FATHER'S NAME <u>Bud Scheer</u>   |                               | 13b. MOTHER'S MAIDEN NAME <u>Rosa Devant</u>  | 14. NAME OF HUSBAND OR WIFE <u>Bill Branch</u>  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, give or unknown) <u>No</u> (If yes, give war or dates of service)  |                               | 16. SOCIAL SECURITY NO. <u>None</u>   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bill Branch (Husband) Cardwell</u>   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                          |                               | MEDICAL CERTIFICATION<br><u>Post-fatal hemorrhage, internal</u><br>INTERVAL BETWEEN ONSET AND DEATH <u>5-10 MIN</u>                         |   |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____<br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____                          |                               | II. OTHER SIGNIFICANT CONDITIONS<br>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 (Specify) <u>Suicide</u>   |                               | 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>Oct 30 1956</u> to <u>Oct 30 1956</u> , that I last saw the deceased alive on <u>Oct 30 1956</u> , and that death occurred at <u>4:30 P.M.</u> from the causes and on the date stated above. |                               |   |   |
| 23a. SIGNATURE (Degree or title) <u>Eberly Mable J. M.D.</u>   |                               | 23b. ADDRESS <u>Senata, Mo</u>  | 23c. DATE SIGNED <u>11-2-56</u>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  | 24b. DATE <u>11-1-56</u>      | 24c. NAME OF CEMETERY OR CREMATORY <u>Hornersville Cemetery</u>   | 24d. LOCATION (City, town, or county) (State) <u>Hornersville, Mo.</u>  |
| DATE REC'D BY LOCAL REG. <u>11/13/56</u>   |                               | REGISTRAR'S SIGNATURE <u>H. L. B. Baird</u>   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Heath Funeral Home Paragon, Ark.</u>  |

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

4720

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 11-14-56

COUNTY FILE NUMBER 1156-4

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 James C. Shinn

Licensed Embalmer No. Ark. 11

P. O. Address Heath Funeral  
Paragonid, A

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.