.300
.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 14 1956

State File No. 38426

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 532

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (In this place): 6 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Johns Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
d. STREET ADDRESS (If rural, give location): 1125 Range Line 64950

3. NAME OF DECEASED (Type or Print)
a. (First): Murray
b. (Middle): Waldo
c. (Last): Branstetter

4. DATE OF DEATH (Month) (Day) (Year): 11-27-1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 26 1881
9. AGE (In years last birthday): 75 — If under 1 year: Months ___ Days ___ If under 24 hrs.: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired): Retired Building Contractor
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Verona, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Martin Branstetter
13b. MOTHER'S MAIDEN NAME: Anna Sykes
14. NAME OF HUSBAND OR WIFE: Ella Branstetter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 440-07-1502
17. INFORMANT'S SIGNATURE OR NAME: Ella Branstetter
ADDRESS: 1125 Range Line Joplin Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — Interval between onset and death: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive cardio vascular disease — ?
DUE TO (c) Gene ralized arteriolar sclerosis — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
44.3X
20. AUTOPSY? YES ☒ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-23, 19 55, *to* 11-27, 19 56, *that I last saw the deceased alive on* 11-27, 19 56, *and that death occurred at* 12:[illegible] P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] M.D.
23b. ADDRESS: 617 Frisco Bldg, Joplin, Mo.
23c. DATE SIGNED: 11-29-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-29-56
24c. NAME OF CEMETERY OR CREMATORY: Spring River Cem
24d. LOCATION (City, town, or county) (State): Verona, Mo.

DATE REC'D BY LOCAL REG.: 12-3-1956
REGISTRAR'S SIGNATURE: Dove Merriam
25. FUNERAL DIRECTOR'S SIGNATURE: Thomas Full Dellon
ADDRESS: Joplin Mo.

(Licensed Embalmer's Statement on Reverse Side)

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County File Number [illegible]
Date Filed DEC 1 1955

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed William E. Huddleston

Signed.....
Student Embalmer

Licensed Embalmer No. #770.

P. O. Address Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.