V.S. No. 300
Rev. 10-46

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 13 1957

State File No. 11940

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 172

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville
c. LENGTH OF STAY (in this place): 3 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 103 E. Harrison

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Adair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Novinger 0010 0
d. STREET ADDRESS (If rural, give location): No street address

3. NAME OF DECEASED (Type or Print)
a. (First): Melinda
b. (Middle): Florence
c. (Last): Loe

4. DATE OF DEATH (Month) (Day) (Year): May 2, 1957

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 17, 1871
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months ___ Days ___ — IF UNDER 24 HRS.: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Farm home
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James A. Branaman
13b. MOTHER'S MAIDEN NAME: Nancy Ann Heriford
14. NAME OF HUSBAND OR WIFE: Leander Loe

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'S SIGNATURE OR NAME — ADDRESS: Jessie Ammerman, Kirksville, Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Essential Hypertension — ?
DUE TO (c) ———

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 331X

19a. DATE OF OPERATION: ———
19b. MAJOR FINDINGS OF OPERATION: ———
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* Jan 10, 1957, *to* May 2, 1957, *that I last saw the deceased alive on* May 2, 1957, *and that death occurred at* 2:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title): T. J. Rhoads M.D.
23b. ADDRESS: Kirksville, Mo
23c. DATE SIGNED: 5-3-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 4, 1957
24c. NAME OF CEMETERY OR CREMATORY: Shibley's Point Cemetery
24d. LOCATION (City, town, or county) (State): Adair Co., Mo.

DATE REC'D BY LOCAL REG.: 5-6-1957
REGISTRAR'S SIGNATURE: Doris W. Ratliff
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Glenn E. Funeral Home, Green City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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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 Karl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green City, 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.