			STA			STA	TE FILE NUI	MAFA
F	TED JUN	3 19 57,	n District No	/18 Pr	mary Registration Distr	ici No. 5437		or's No. 13
1.	PLACE OF DEAT	TH .			2. USUAL RESIDEN	CE (Where deceased lived	. If institution	n: Residence before
	· county Gasconade				· STATE Mis	souri b. co	UNTYGas	conade"/
	00	de corporate limits, gi	ive TOWNSHIP	only) Inside Limits	c. CITY OR Do			Inside Limit
		rbois Twp		Yes 🖰 Nago	TOWN Re	d Bird		Yes X Not
		Residence		Length of stay in 1b	d. STREET O'	370 (If outside,	give location) Reside on F
	AME OF	First		Middle	Last	14. DATE	Month	Day Year
	ECEASED Type or print)	Jesse	0	liver	Branson	OF DEATH M	av 24.	. 1957
5. s	EX 🔷	6. COLOR OR RACE	7 MARRIED	X NEVER MARRIÉD 🗌	8. DATE OF BIRTH	9. AGE (In year	IF UNDER 1	YEAR IF UNDER 24 H
m	ale	white	WIDOWED [_ / _	July 2. 18	390 last birthday	Months D	Saya Hours Mi
10a.	USUAL OCCUPATION	(Give kind of work don	100, KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (City and		12. CITIZEN	OF WHAT COUNTRY?
S	aw Mili	ting life, even if retired Operator	" Lumbe:	r	Bland, Mo	~	USA	
13. 1	FATHER'S NAME Lewis Branson				14. MOTHER'S MAIDEN N		,	
					Mary M.	Francis		
		R IN U. S. ARMED FOR		SOCIAL SECURITY NO.			idress	· · · · · · · · · · · · · · · · · · ·
	no	4:-3:		0-05-8006	Mrs. Sale	ta Branson	Red	Bird. M
	PART I. DEAT	ATH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (4)	0	ary Info	arct, Acut		-	ONSET AND DEATH
:	Conditions, is which gave to above cause stating the t	TH WAS CAUSED BY: IMMEDIATE CAUSE (a) If any, rise to (a), (a), (a), (a), (a), (a)	Chronie	ary Info	sial Dege		,	INTERVAL BETWEEP
ATION	Conditions, i which gave i doore cause stating the t lying cause	IN WAS CAUSED BY: IMMEDIATE CAUSE (a) If any, rise to (b), (c), (d), (d), (d), (d), (d), (d)	Chronis	Myocar	, ,	ueration	,	ONSET AND DEATH 2 10 AND 19. WAS AUTOPSY PERFORMED?
FICATION	Conditions, in which gave in doore cause stating the tilying cause	IN WAS CAUSED BY: IMMEDIATE CAUSE (a) If any, rise to (b), (c), (d), (d), (d), (d), (d), (d)	CAPA : <	Myocar DEATH BUT NOT RELATED	dial Dege	CONDITION GIVEN IN PART I (4.	01	ONSET AND DEATH 2 / O OF
AL CERTIFICATION	Conditions, i which gare i stating the tiying cause PART II. OTHE	TH WAS CAUSED BY: IMMEDIATE CAUSE (a) If any, rise to (a), If (a), Inder- Last. DUE TO (b) ER SIGNIFICANT CONDITION SUICIDE HOMICIDE THE Month, Day, Year The Month, Day, Ye	CAPA . S CAPA . S CONTRIBUTING TO	Myocar DEATH BUT NOT RELATED	Sial Dege	CONDITION GIVEN IN PART I (4.	01	ONSET AND DEATH 2 10 MI
MEDICAL CERTIFICATION	Conditions, is which gare is above cause stating the tilying cause PART II. OTHE	ITH WAS CAUSED BY: IMMEDIATE CAUSE (a) If any, If any	CAPAL S CONTRIBUTING TO	DEATH BUT NOT RELATED HOW INJURY OCCURR g., in or about home,	o to the terminal disease of the contract of infinite contract of the contract	CONDITION GIVEN IN PART I(n) 42 ary in Part I or Part II o	01	9. WAS AUTOPSY PERFORMED?
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is re	recorded on the reverse side of this certificate was en
by me, or by	, Student Embalmer No
working under my personal supervision.	

Student Signature of Student Embalmer

Signature of Student Embalmer

Licensed Embalmer No. 38.

P. O. Address OWENS U

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

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. ...