

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16960

STATE FILE NUMBER

FILED MAY 21 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2140

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION STANS ADM. HOSPITAL		Length of stay in lb. 11 years	d. STREET ADDRESS 3724 BROADWAY		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First EDGAR Middle W. Last BRANCH			4. DATE OF DEATH Month May Day 5 Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH February 14, 1921	9. AGE (In years last birthday) 35 IF UNDER 1 YEAR: Months 0 Days 0 Hours 0 Mins. 0 IF UNDER 24 HRS. Hours 0 Mins. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Manager - Chief Clerk		10b. KIND OF BUSINESS OR INDUSTRY RCA Serv. Co.		11. BIRTHPLACE (City and state or country) Harrison, Kansas	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME Bert Branch		
14. MOTHER'S MAIDEN NAME I. Verna Dedman			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWII		
16. SOCIAL SECURITY NO. 520-10-8680			17. INFORMANT VA Hospital Official Records, K. C. Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized carcinomatosis					INTERVAL BETWEEN ONSET AND DEATH 20 mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Seminoma left testicle					178x
DUE TO (c)					19. WAS AUTOPSY PERFORMED? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour 4:25 Month PM Day PM Year PM					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from April 12, 1957 to May 5, 1957 Death occurred at 4:25 PM m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) GUIDO PODRECCA, M.D.			22b. ADDRESS VA Hospital, Kansas City, Mo.		22c. DATE SIGNED 5/6/57
23a. BURIAL (Specify) BURIAL		23b. DATE MAY 8 - 1957	23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY		23d. LOCATION (City, town, or county) (State) FORT LEAVENWORTH KANSAS
24. FUNERAL DIRECTOR DW NEWCOMER'S SONS			25. DATE RECD. BY LOCAL REG. 5-7-57		26. REGISTRAR'S SIGNATURE Neva Minshall



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 *Basil Abney*
Licensed Embalmer No. 472

P. O. Address *K.C., 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.