

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38841

STATE FILE NUMBER

FILED NOV 12 1957

333

Registration District No.

Primary Registration District No. 3074

Registrar's No. 189

1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Scott			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Sikeston		1003 0 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Community Hospital-1			Length of stay in hospital 1	Day STREET ADDRESS Route #4		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Peter Middle Vester Last Branum			4. DATE OF DEATH Month 10 Day 25 Year 1957				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 8-20-1893	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Dunklin Co., Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William Branum				14. MOTHER'S MAIDEN NAME Ruth Underwood			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 495-16-7089	17. INFORMANT Address Mrs. Lora Branum, Sikeston, 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) Carcinomatosis DUE TO (b) Pseudo mucinous cyst adenocarcinoma - Appendix DUE TO (c) 153X Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). 1. Anemia, secondary 2. Pleural Effusion - B. lateral							INTERVAL BETWEEN ONSET AND DEATH 24 years 2 years 2
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 5:20 Month, Day, Year a. m. A. p. m.							
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 Sikeston, Mo.		COUNTY	STATE
21. I attended the deceased from 9.28.55 to 10.25.57 and last saw him alive on 10.24.57 Death occurred at 5:20 A. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Audra B. Smith MD				22b. ADDRESS Sikeston Missouri		22c. DATE SIGNED 10.28.57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-27-57	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) Sikeston, Missouri		(State)	
24. FUNERAL DIRECTOR Julius J. Cassady ADDRESS Nunnelee Funeral Chapel Sikeston			25. DATE RECD. BY LOCAL REG. 10-30-57	26. REGISTRAR'S SIGNATURE Mrs. Ella Hunter			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

DATE RECEIVED NOV 4 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1157-231

NOV 18 1957

NOV 15 1957

MAY 14 1958

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 *Philip J. Cassedy*
Licensed Embalmer No. 6018

P. O. Address Sikeston, M

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.