Health, Welfare Public Service

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 casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017326
STATE FILE NUMBER

FILED MAY 26 1958 Registration District No. 38 Primary Registration District No. 5120 Registrar's No. 225

1. PLACE OF DEATH
a. COUNTY NBoone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia Township — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION B. County Rest H. — Length of stay in Ib 4 mos.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Boone
c. CITY OR TOWN Columbia 6105 0 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 306 N. 8th St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) — First: Nannie; Middle: Wilmith; Last: Branham

4. DATE OF DEATH — Month: May; Day: 19; Year: 58

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐
8. DATE OF BIRTH: Oct. 22, 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: Home
11. BIRTHPLACE (City and state or country): Boone County, Mo. 0
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lena B. Hunt
14. MOTHER'S MAIDEN NAME: Viola Coleman

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.: ------
17. INFORMANT: Harold Branham — Address: Columbia, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary Thrombosis — 3 days
DUE TO (c) Coronary atherosclerosis 4201 — —
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1 Feb 1958 to 18 May 1958 and last saw (her) (him) alive on 18 May 1958
Death occurred at 4:15 A m on ~~the date stated above~~ 19 May; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James Dennington MD 0
22b. ADDRESS: 102 So. 10th Columbia
22c. DATE SIGNED: 20 May 58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5-21-1958
23c. NAME OF CEMETERY OR CREMATORY: Columbia Cemetery
23d. LOCATION (City, town, or county) (State): Columbia, Missouri

24. FUNERAL DIRECTOR — ADDRESS: Lyman Sprinkle Columbia, Mo.
25. DATE RECD. BY LOCAL REG.: May 20 1957
26. REGISTRAR'S SIGNATURE: Mrs. R. E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, [redacted] ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed George D. Tramm

Licensed Embalmer No. 44

P. O. Address Colum

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