...t. Health,
..., & Welfare
...S. Public
...th Service
29
S. 300
...v. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5143

58-024758

STATE FILE NUMBER

FILED JUL 24 1958 Registration District No. 43 Primary Registration District No. 5135 ~~5135~~ Registrar's No. 448

1. PLACE OF DEATH a. COUNTY: Butler	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Mo. b. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Poplar Bluff — Inside Limits: Yes ☐ No ☒	c. CITY OR TOWN: Poplar Bluff 0126 0 — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Rural Route #1 — Length of stay in 1b: 20 yrs.	d. STREET ADDRESS (If outside, give location): Rural Route #1 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)	First: Mathew	Middle: Harrison	Last: Brannon	4. DATE OF DEATH: Month June, Day 23, Year 1958
5. SEX: Male 0	6. COLOR OR RACE: White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: Nov. 18, 1881	9. AGE (In years last birthday): 76 — 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): Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country): Gaston, Alabama 1	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE: Lula Hannon		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W.W.I	16. SOCIAL SECURITY NO.	17. INFORMANT	Address	

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): Asphyxiation

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Cardiac failure

DUE TO (c): Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 331 X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

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-IV-1957, to 6-23-58 and last saw her/him alive on 6-23-58

Death occurred at 6:25 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): A D Markel MD

22b. ADDRESS: Poplar Bluff Mo

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 6-25-58	23c. NAME OF CEMETERY OR CREMATORY: Three Springs Cem.	23d. LOCATION (City, town, or county) (State): Butler County, Mo.
24. FUNERAL DIRECTOR: Frank-Cotrell	ADDRESS: Poplar Bluff, Mo.	25. DATE RECD. BY LOCAL REG.: 7/19/58	26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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RECEIVED
JUL 21 1958
BUTLER CO. HEALTH CENTER

FILE No._____

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 Charles E. Muncy

Licensed Embalmer No. 4877

P. O. Address Poplar Bluff

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.