

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008624

STATE FILE NUMBER

FILED MAR 23 1959

Registration District No. 50

Primary Registration District No. 4071

Registrar's No. 9

300

1-57

1. PLACE OF DEATH a. COUNTY Camden			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Camden		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Camdenton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Camdenton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Length of stay in 1b 2.5 yrs.	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Evelyn Middle Marie Last Branch			4. DATE OF DEATH Month March Day 17 Year 1959		
5. SEX Female	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 Dec. 27, 1923	9. AGE (In years last birthday) 35	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) secretary & housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Camden County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Greenberry Rogers		13b. MOTHER'S MAIDEN NAME Bertha Cyrus		14. NAME OF HUSBAND OR WIFE Gene Branch	
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. 554-28-5634	17. INFORMANT Gene Branch Address Camdenton, Missouri		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Carcinoma of the Liver - metastatic Original Site - Unknown Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) None DUE TO (c) None PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None				INTERVAL BETWEEN ONSET AND DEATH 2 months 5 years	
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.) 1562			
20c. TIME OF INJURY Hour — Month, Day, Year a.m. — p.m. —					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 Feb-1-59 to Mar-17-59 and last saw her alive on Mar-17-59 Death occurred at 10:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE James Wayland M.D. (Degree or title)		22b. ADDRESS Camdenton, Mo.		22c. DATE SIGNED Mar-1-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 3/19/1959	23c. NAME OF CEMETERY OR CREMATORY Montreal Cemetery	23d. LOCATION (City, town, or county) (State) Montreal, Missouri		
24. FUNERAL DIRECTOR Hedges Funeral Homes, Inc. Camdenton, Mo.		25. DATE RECD. BY LOCAL REG. Mar. 19-1959	26. REGISTRAR'S SIGNATURE Zilpha J. Jraw.		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Walter P. Hedges*

Licensed Embalmer No. 4265

P. O. Address Iberia, Missouri

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.