

U.S. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
 FILED VS DEC 7 1959

59-039467

Registration District No. 86 Primary Registration District No. 5328 Registrar's No. 3-1959 STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <u>Crawford -</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Liberty Twp.</u>		c. CITY OR TOWN <u>ST. Louis</u>	
Length of stay in 1b <u>3 days</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Fitzgerald Residence</u>		d. STREET ADDRESS (If outside, give location) <u>6121 Newport</u>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Albert</u> Middle <u>George</u> Last <u>Branford</u>			4. DATE OF DEATH Month <u>Nov.</u> Day <u>29</u> Year <u>1959</u>			
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb 22 1888</u>	9. AGE (last birthday) <u>71</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>merchant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Produce Business</u>	11. BIRTHPLACE (City and state or country) <u>Leasburg, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>UNKNOWN</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF <del>HUSBAND</del> WIFE <u>Mary Kennabel Dood</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wt. or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>492-38-8625</u>	17. INFORMANT <u>Harold C. Koelling</u> Address <u>ST. Louis, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>/</u>	
	DUE TO (c) <u>/</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.
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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
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*21. I attended the deceased from <u>Nov. 28</u> to <u>Nov. 29</u> and last saw her <u>Nov. 28 - 1959</u> Death occurred at <u>Nov. 29 - 59</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <u>W. J. Irwin M.D.</u> (Degree or title)	22b. ADDRESS <u>Leasburg Mo.</u>	22c. DATE SIGNED <u>No</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec. 2 - 1959</u>	23c. NAME OF CEMETERY OR CREMATOR <u>Resurrection</u>	23d. LOCATION (City, town, or county) (State) <u>ST. Louis MO.</u>
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24. FUNERAL DIRECTOR ADDRESS <u>Hoedel Funeral Home Cuba, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Nov. 29, 1959</u>	26. REGISTRAR'S SIGNATURE <u>W. C. Davis Deputy</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS DEC 9 1956

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Norman Haener

Licensed Embalmer No. 467  
P. O. Address Cuba, Md

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: