

**FEDERAL BUREAU OF INVESTIGATION - DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-039933**

**FILED VS. DEC 10 1959**

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5751 STATE FILE NUMBER

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>JACKSON</u>	a. STATE <u>MISSOURI</u> COUNTY <u>JACKSON</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>	Length of stay in lb <u>37 YRS.</u>	c. CITY OR TOWN <u>KANSAS CITY</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>WALNUT NURSING HOME</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1107 EAST 12TH</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First <u>GENTRY</u>	Middle <u>STERLING</u>	Last <u>BRANSON</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 type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>11/23/1899</u>	9. AGE (last birthday) <u>60</u>	IF UNDER 1 YEAR	IF UNDER 24 HR	
				Months	Days	Hours	Min.

10a. USUAL OCCUPATION (Give kind of work done during past 10 years, or retired) <u>NIGHT WATCHMAN</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>BOWIN CONST; CO.</u>	11. BIRTHPLACE (City and state or country) <u>LINN, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JOHN R. BRANSON</u>	13b. MOTHER'S MAIDEN NAME <u>SUSAN BRANSON</u>	14. NAME OF HUSBAND OR WIFE <u>ELLA BERTHA BRANSON</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>487-16-2658</u>	17. INFORMANT <u>HOMER BRANSON</u>	Address <u>1301 COLORADO K.C. 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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Carcinoma, Pulmonary.</u>	DUE TO (b) <u>Cardiac Fibrillation</u>	<u>2 yrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c)	<u>2 hrs</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 checked="" 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
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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 1 Oct 59 to 29 Nov. 59 and last saw him alive on 28 Nov. 1959  
Death occurred at \_\_\_\_\_ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Wallace H. Graham M.D.</u>	22b. ADDRESS <u>518 Argyle Bldg.</u>	22c. DATE SIGNED <u>30 Nov. 59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>12/1/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>JUDGE CHURCH CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>JUDGE, MISSOURI</u>
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24. FUNERAL DIRECTOR ADDRESS <u>C. H. BLACKMAN &amp; SON INC. K.C. Mo. 11-30-59</u>	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE <u>Wend Marshall</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Wallace H. Graham

**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 Bert B. Bennett

Licensed Embalmer No. 4656

P. O. Address 78. C. 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.