

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-001410

FILED VS FEB 4 1960

408

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 408

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jackson									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b life		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Blue River & Frisco tracks			Inside Limits No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 5628 E 40		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Billy Middle DEE Last BRANSON				4. DATE OF DEATH Month 1 Day 22 Year 1960									
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5/21/51		9. AGE (last birthday) 8		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Kansas City, Mo.		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME Dee Richard Branson				13b. MOTHER'S MAIDEN NAME Betty Jean Jay				14. NAME OF HUSBAND OR WIFE no					
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. no		17. INFORMANT Address Dee Richard Branson 5628 E 40							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Death by Drowning Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____										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)										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			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) Coasting down River Bank									
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year 1-22-60		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Blue River		20f. CITY, TOWN, OR LOCATION Kansas City		COUNTY Jackson		STATE Mo			
21. I attended the deceased from _____ to _____ and last saw him/her alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) High Owens						22b. ADDRESS 1034 Walnut Blvd			22c. DATE SIGNED 1-23-60				
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/25/60		23c. NAME OF CEMETERY OR CREMATORY Green Lawn				23d. LOCATION (City, town, or county) Kansas City, Mo					
24. FUNERAL DIRECTOR Sheil Colonial Funeral Home K				25. DATE RECD. BY LOCAL REG. Jan 25, 1960		26. REGISTRAR'S SIGNATURE Neva Minshall							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF High Owens

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 John P. Sheil

Licensed Embalmer No. 362

P. O. Address _____

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