

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-009898

FILED VS MAR 28 1960

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 180

1. PLACE OF DEATH a. COUNTY BOONE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY GASCONADE	
b. CITY (If outside corporate limits, give TOWNSHIP only) Columbia		Length of stay in 1b 17 Days	c. CITY OR TOWN OWENSVILLE
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR UNIVERSITY OR INSTITUTION. Medical Center.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route 3
		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Mable Middle BRANSON Last Nicks	4. DATE OF DEATH Month MARCH Day 21 Year 1960
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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 11-21-04	9. AGE (last birthday) 55	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and state or country) Owensville, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.
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13a. FATHER'S NAME William O. BRANSON	13b. MOTHER'S MAIDEN NAME Ida Phelps	14. NAME OF HUSBAND OR WIFE Odie L. Nicks
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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) no	16. SOCIAL SECURITY NO. 497-05-7347	17. INFORMANT Hosp. Records.	Address
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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) Metastatic Breast Carcinoma	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	
DUE TO (c)	

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 checked="" 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 a.m. p.m.

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 Columbia	COUNTY Boone	STATE Mo.
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21. I attended the deceased from **3-4-60** to **3-21-60** and last saw her/him alive on **3-21-60**
Death occurred at **10⁰⁰** p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert E. Stuffleman M.D.	(Degree or title)	22b. ADDRESS Univ. of Mo. Med Center	22c. DATE SIGNED 3-22-60
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 3/25/60	23c. NAME OF CEMETERY OR CREMATORY Owensville Cemetery	23d. LOCATION (City, town, or county) (State) Owensville, Mo
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24. FUNERAL DIRECTOR Lynn D. Spindle	ADDRESS Columbia, Mo	25. DATE RECD. BY LOCAL REG. Mar 23 1960	26. REGISTRAR'S SIGNATURE Mrs R E Palmer
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

APR 1 1960

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 George A. Vannoy

Licensed Embalmer No. 425

P. O. Address Columbia

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