

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-000605

WRITE  
TUB

AMENDED

Registration District No. 60

Primary Registration District No. 4106

Registrar's No. 1

STATE FILE NUMBER

0  
59

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2

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

|  |  |   |   |  |   |  |  |
|--|--|---|---|--|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Cedar</u>  |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo</u> b. COUNTY <u>Cedar</u> |   |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Jerico spr</u>   |  |   | Length of stay in 1b<br><u>15 yr</u>            |  | c. CITY OR TOWN <u>Jerico spr. Mo</u>               |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION   |  |   |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |   | d. STREET ADDRESS (If outside, give location)<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |
| 3. NAME OF DECEASED<br>(Type or print) <u>CHARLES RALPH BRANKEL</u>  |  |   |   | 4. DATE OF DEATH<br>Month <u>1</u> Day <u>2</u> Year <u>1961</u>   |   |  |  |
| 5. SEX<br><u>M</u>   | 6. COLOR OR RACE<br><u>W</u>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>1-5-1896</u>             | 9. AGE (last birthday)<br><u>64</u>  | IF UNDER 1 YEAR<br>Months <u>11</u> Days <u>27</u>  |  | IF UNDER 24 HR<br>Hours <u></u> Min. <u></u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farmer</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Farming</u>   |   | 11. BIRTHPLACE (City and state or country)<br><u>Branson, Mo</u>   |   | 12. CITIZEN OF WHAT COUNTRY<br><u>U. S. A</u>  |  |
| 13a. FATHER'S NAME<br><u>Frank J Brankel</u>   |  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Mary Maddux</u> |  | 14. NAME OF HUSBAND OR WIFE<br><u>Ina Brankel</u>   |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) <u>yes WWII</u>   |  |   | 16. SOCIAL SECURITY NO.<br><u>445,12,1068</u>   |  | 17. INFORMANT<br><u>Ina Brankel, Jerico spr. Mo</u> |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u><br>DUE TO (b) <u></u><br>DUE TO (c) <u></u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |  |   |   |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 Day</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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>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.)                                       |   |  |  |
| 20c. TIME OF INJURY<br>Hour <u></u> a.m. <u></u> p.m. <u></u>  | Month, Day, Year <u></u>   |   |   |  |   |  |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/><br>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 <u></u>                                      | STATE <u></u>  |  |
| 21. I attended the deceased from <u>Jan 1</u> to <u>Jan 2</u> and last saw him alive on <u>Jan 1 st</u><br>Death occurred at <u>1:00</u> on the date stated above, and to the best of my knowledge, from the causes stated.  |  |   |   |  |   |  |  |
| 22a. SIGNATURE <u>G B Bannister MD</u> (Degree or title)   |  |   |   | 22b. ADDRESS <u>Jerico Springs Mo</u>  |   | 22c. DATE SIGNED <u>1-2-61</u>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>burial</u>   | 23b. DATE<br><u>1-4-1961</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Anna Eden Cem.</u>   |   | 23d. LOCATION (City, town, or county) (State)<br><u>1 sc. Jerico spr. Mo</u>   |   |  |  |
| 24. FUNERAL DIRECTOR<br><u>Mr. P. Long, Jerico spr. Mo</u>   |  |   | ADDRESS <u></u>                                 |  | 25. DATE RECD. BY LOCAL REG.<br><u>1-6-1961</u>     |  | 26. REGISTRAR'S SIGNATURE<br><u>Norma Zimmerman</u>                                  |

(Licensed Embalmer's Statement on Reverse Side)

JAN 12 1961

**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 \_\_\_\_\_

Licensed Embalmer No. 371X

P. O. Address J. C. Rice 214

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.