

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-026222

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 275 Primary Registration District No. 5938 Registrar's No. 156

AMENDED **FILED AUG 1 1961**

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Texas b. COUNTY Dallas	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Arlington Township		c. CITY OR TOWN Dallas	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 Mi E Arlington, Mo.		d. STREET ADDRESS (If outside, give location) 630 Delaware Avenue	

3. NAME OF DECEASED (Type or print) First PAUL Middle EDWARD Last BRANNON			4. DATE OF DEATH Month July Day 24 Year 1961		
5. SEX Male	6. COLOR OR RACE CAU	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 9/9/22	9. AGE (last birthday) 38	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier		10b. KIND OF BUSINESS OR INDUSTRY US Army		11. BIRTHPLACE (City and state or country) Sherman, Texas	

13a. FATHER'S NAME Deceased		13b. MOTHER'S MAIDEN NAME Deceased		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 17 yrs 1 month			17. INFORMANT Opal Loftin (Sister) Address 434 Brooklyn Avenue Dallas, Texas		

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) Pulmonary Edema and congestion			
DUE TO (b) Probable Carbon Monoxide Poisoning			
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 type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Inhalation of automobile exhaust fumes	
20c. TIME OF INJURY 8 to 12 a.m. Jul 24, 61			
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.) Automobile	20f. CITY, TOWN, OR LOCATION 2 Mi East Arlington	COUNTY Phelps STATE Mo.

21. I attended the deceased **on July 24, 1961** to _____ and last saw him **alive on never**
Death occurred at **between 8:00 a.m. & 12:00a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ivan Mattei-Rosich MD. (Degree or title)		22b. ADDRESS US Army Hospital Fort Leonard Wood, Missouri		22c. DATE SIGNED 7/25/61 (State)
23a. BURIAL CREMATION, REMOVAL (Specify) Removal	23b. DATE July 27, 61	23c. NAME OF CEMETERY OR CREMATORY Unknown	23d. LOCATION (City, town, or county) Dallas, Texas	

24. FUNERAL DIRECTOR Carl J. Glenn West 10th. Rolla, Mo.	25. DATE RECD. BY LOCAL REG. July 26, 1961	26. REGISTRAR'S SIGNATURE Nadene L. Stoll
--	--	---

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

AUG 17 1961

AUG 2 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

Carl J. Glenn

Licensed Embalmer No. 4707

P. O. Address Rolla, Mo.

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.