

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-033673

STATE FILE NUMBER

AMENDED

Registration District No. 241 Primary Registration District No. 5829 Registrar's No. 25

FILED OCT 6 1961

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY At Home New Madrid CO		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY New Madrid	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Portageville 6.m West		Length of stay in lb 20 Years	c. CITY OR TOWN Portageville, MO
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED First Middle Last WILLIE BRANCH			4. DATE OF DEATH 9/7 Month 1961 Day 18 Year 1961
5. SEX Male	6. COLOR OR RACE Col	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 1897
9. AGE (last birthday) 64		IF UNDER 1 YEAR Months 5 Days 17	IF UNDER 24 HR Hours 5 Min. 40
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Co. on		10b. KIND OF BUSINESS OR INDUSTRY No Business	11. BIRTHPLACE (City and state or country) MISSISSIPPI
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Humphrey Branch	
13b. MOTHER'S MAIDEN NAME Eiler Beber		14. NAME OF HUSBAND OR WIFE Single	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO.		17. INFORMANT Address RAFFE, BRANCH Portageville MO	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Insufficiency DUE TO (b) Pre-collan Fibrillation DUE TO (c) Chronic Rheumatic Heart Disease			INTERVAL BETWEEN ONSET AND DEATH 2 years 2 years
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 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 Hour Month, Day, Year 11:11 P.M. 7/1/61			
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
21. I attended the deceased from July 1958 to 1 July 61 and last saw her/him live on 7 Sept 61 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Andrew P. Painter M.D.		22b. ADDRESS 273 Kings St Portageville, Mo.	22c. DATE SIGNED 19 Sept 61
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY St. Elie	23d. LOCATION (City, town, or county) (State) Portageville MO
24. FUNERAL DIRECTOR Ed Hill	ADDRESS 1116 E. Main St	25. DATE RECD. BY LOCAL REG. 9-23-61	26. REGISTRAR'S SIGNATURE Ellen D. Milam

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 JP Hill

Licensed Embalmer No. 2427
P. O. Address Lilbourn 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.