

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-036438

STATE FILE NUMBER

AMENDED

Registration District No. 104
FILED OCT 30 1961

Primary Registration District No. 5418 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY: <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE: <u>Missouri</u> b. COUNTY: <u>Cape Girardeau</u> (Region)	
b. CITY (if outside corporate limits, give TOWNSHIP only): OR TOWN: <u>Malden</u>		Length of stay in lb: <u>2</u>	c. CITY OR TOWN: <u>Cape Girardeau</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION: <u>2 mi. Hiway 25 S. of Malden</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (if outside, give location): <u>810 College</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>James Reed Brannock</u>	4. DATE OF DEATH Month Day Year <u>October 18, 1961</u>
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5. SEX: <u>male</u>	6. COLOR OR RACE: <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH: <u>11-8-1910</u>	9. AGE (last birthday): <u>50</u>	IF UNDER 1 YEAR: Months _____ Days _____	IF UNDER 24 HR: Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Hiway Survey Crew Chief Highway Dept.</u>	10b. KIND OF BUSINESS OR INDUSTRY: <u>Bloomfield, Mo.</u>	11. BIRTHPLACE (City and state or country): <u>Bloomfield, Mo.</u>	12. CITIZEN OF WHAT COUNTRY: <u>U.S.A.</u>
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13a. FATHER'S NAME: <u>Frank A. Brannock</u>	13b. MOTHER'S MAIDEN NAME: <u>Betty Harty</u>	14. NAME OF HUSBAND OR WIFE: <u>Ruby Brannock</u>
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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): <u>yes WW II</u>	16. SOCIAL SECURITY NO.: <u>WW II</u>	17. INFORMANT: <u>Ruby Brannock</u> Address: <u>Cape Girardeau, Mo.</u>
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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) <u>Broken Neck</u> INTERVAL BETWEEN DEATH <u>Instant</u>	
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 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 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.) <u>Riding in International Truck and it went</u>
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20c. TIME OF INJURY: <u>4:55 P.M.</u>	Month, Day, Year: <u>Oct. 18, 61</u>	<u>off pavement and turned over on him.</u>
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20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.): <u>H1.#25</u>	20f. CITY, TOWN, OR LOCATION: <u>2 Mi. S. Malden</u> COUNTY: <u>Dunklin</u> STATE: <u>Mo.</u>
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
 Death occurred at 4:55 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (of signer or title): <u>Quinton Tarver, Coroner</u>	22b. ADDRESS: <u>Kennett, Mo.</u>	22c. DATE SIGNED: <u>10-25-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify): <u>burial</u>	23b. DATE: <u>10-21-61</u>	23c. NAME OF CEMETERY OR CREMATORY: <u>Bloomfield Cemetery</u>	23d. LOCATION (City, town, or county) (State): <u>Bloomfield, Mo.</u>
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24. FUNERAL DIRECTOR: <u>Watkins & Sons</u> ADDRESS: <u>Dexter, Mo.</u>	25. DATE RECD. BY LOCAL REG.: <u>10-27-61</u>	26. REGISTRAR'S SIGNATURE: <u>J. L. Brown</u>
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

NOV 3 1961

NOV 22 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 March 1961

Licensed Embalmer No. 4717

P. O. Address Pexter 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.