

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009626

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 356 Primary Registration District No. 4521 Registrar's No. 20

FILED MAR 7 1962

1. PLACE OF DEATH  
 a. COUNTY **Texas**  
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN **Houston** Length of stay in 7b **7 hrs.**  
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION **Texas County Memorial** Inside Limits Yes  No   
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **Missouri** b. COUNTY **Wright**  
 c. CITY OR TOWN **Mountain Grove** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **Route 1 Box 3x** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last **Galba Oscar Branson** 4. DATE OF DEATH Month Day Year **Feb. 27 1962**  
 5. SEX **Male** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **10-7-1901** 9. AGE (last birthday) **60** IF UNDER 1 YEAR IF UNDER 24 HR  
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Farmer** 10b. KIND OF BUSINESS OR INDUSTRY **Farmer** 11. BIRTHPLACE (City and state or country) **Mountain Grove, Missouri** 12. CITIZEN OF WHAT COUNTRY **USA**  
 13a. FATHER'S NAME **Press Branson** 13b. MOTHER'S MAIDEN NAME **Ida Jones** 14. NAME OF HUSBAND OR WIFE **Mamie (Dean) Branson**  
 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. **[REDACTED]** 17. INFORMANT **Mamie V. Branson** Address **Mtn. Grove, Missouri**

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **Cerebral vascular hemorrhage** INTERVAL BETWEEN ONSET AND DEATH **6 hours**  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Cerebral Arteriosclerosis** **UNKNOWN**  
 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.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) \_\_\_\_\_

20c. TIME OF INJURY Hour \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. Month, Day, Year \_\_\_\_\_

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  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 2/26/62 to 2/27/62 and last saw him alive on 2/27/62  
 Death occurred at 1:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. L. Spears M.D. (Degree or title) 22b. ADDRESS Osborn, Mo. 22c. DATE SIGNED 3/1/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 3-2-1962 23c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery 23d. LOCATION (City, town, or county) (State) Mtn. Grove, Missouri

24. FUNERAL DIRECTOR Ewell C. Craig ADDRESS Mtn Grove, Missouri 25. DATE RECD. BY LOCAL REG. 3-2-62 26. REGISTRAR'S SIGNATURE Myrtle Craig

VS 300 Rev. 4/59  
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

**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 *Sewell C. Craig*

Licensed Embalmer No. 4766

P. O. Address *17th Ave*

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.