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Rev. 4

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USE BLACK INK
ORDept. Health,
Educ., & Welfare
U. S. Public
Health ServiceV. S. 300
Rev. 1-57

The funeral director is responsible for the proper completion of the entire certificate. This includes securing the medical certification in the specific manner required by 193.140 MoRS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

2-0

FILED JUN 11 1962

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

-62-018343

STATE FILE NUMBER

Registration District No.

62

Primary Registration District No.

5238

Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Cedar</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Jefferson</u>		Inside Limits Yes ☐ No ☒	c. CITY OR TOWN <u>Dunnegan</u> ⁰²⁰⁰ <u>Mo</u>
c. FULL NAME OF DECEASED (If in hospital, give location) <u>Home</u>		Length of stay in 1b <u>6 mos</u>	d. STREET ADDRESS (If outside, give location) <u>Rural Jefferson Township</u>
3. NAME OF DECEASED (Type or print) First <u>Thelma</u> Middle <u>Francis</u> Last <u>BRANAM</u>		4. DATE OF DEATH Month <u>June</u> Day <u>3</u> Year <u>1962</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH <u>10-18-1905</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	9. AGE (In years if under 1 year; if under 24 hrs. Months Days Hours Min.) <u>56</u>
11. BIRTHPLACE (City and state or country) <u>Clay Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>James Barnes</u>		13b. MOTHER'S MAIDEN NAME <u>Blanche Cavington</u>	
14. NAME OF HUSBAND OR WIFE <u>J. J. Branam</u>		Address <u>Dunnegan Mo</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>J. J. Branam</u>		Address <u>Dunnegan Mo</u>	
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>Gun shot wound - Left temple</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<u>976 X</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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. _____			
20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>77 Jefferson Twp - Cedar - Mo.</u>		20f. CITY, TOWN, OR LOCATION <u>Jefferson Twp - Cedar - Mo.</u>
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>6:30 P.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>May W. Dickering</u>		22b. ADDRESS <u>El Dorado Spgs., Mo.</u>	22c. DATE SIGNED <u>6-3-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6-6-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Liberty, Missouri</u>
24. FUNERAL DIRECTOR <u>Canlon Funeral Home</u>		ADDRESS <u>Stockton</u>	25. DATE RECD. BY LOCAL REG. <u>6-4-62</u>
26. REGISTRAR'S SIGNATURE <u>Miss Geneva Canlon</u>		By <u>W. J. Jones</u> Sub. Deputy	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

Gerry J. Cantlon

Licensed Embalmer No. *5153*

P. O. Address *Sedalia, 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.