MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-022880

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3167

FILED JUL 6 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City
Length of stay in 1b: 40 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 4206 Sunrise Dr.
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 4206 Sunrise Dr.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Eliza Middle: Marie Last: Branstetter

4. DATE OF DEATH: Month: 6 Day: 15 Year: 1962

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 11/24/1875

9. AGE (last birthday): 86

IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (City and state or country): Williams Town Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Martin Danforth

13b. MOTHER'S MAIDEN NAME: Mattie Ellen Thompson

14. NAME OF HUSBAND OR WIFE: Hugh L. Branstetter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Ruth Curtis Address: 4206 Sunrise Dr. K.C. 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): Coronary artery Thrombosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Coronary artery Arteriosclerosis

DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Carcinoma of L. Breast

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: Kansas City COUNTY: Jackson STATE: Mo

21. I attended the deceased from Jan 1962, to June 62 and last saw him alive on June 15, 1962. Death occurred at 8:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

K.L. Shireman MEDICAL CERTIFICATION

22a. SIGNATURE: K.L. Shireman, M.D. (Degree or title)

22b. ADDRESS: 4606 St John K.C. Mo

22c. DATE SIGNED: 6-16-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 6/18/62

23c. NAME OF CEMETERY OR CREMATORY: Vandalia Cem.

23d. LOCATION (City, town, or county) (State): Vandalia Mo

24. FUNERAL DIRECTOR: C. H. Blackman & Son ADDRESS: K.C. Mo

25. DATE RECD. BY LOCAL REG.: 6-16-62

26. REGISTRAR'S SIGNATURE: Ruth H Long

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Bert B. Bennett

Signature of Student Embalmer

Licensed Embalmer No. 4655-6

P. O. Address K. C., 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.