

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-024323

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3057 Registrar's No. 258

DO NOT WRITE ON THIS STUB

AMENDED

<b>FILED JUN 19 1962</b>	
<p><b>1. PLACE OF DEATH</b></p> <p>a. COUNTY <u>St. Francois</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bonne Terre</u> Length of stay in 1b <u>2 days</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u></p> <p>c. CITY OR TOWN <u>Cantwell</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p><b>3. NAME OF DECEASED</b> First Middle Last <u>DOUGLAS ALLEN BRANHAM</u></p> <p><b>4. DATE OF DEATH</b> Month Day Year <u>June 10 1962</u></p>	
<p><b>5. SEX</b> <u>male</u> <b>6. COLOR OR RACE</b> <u>white</u></p> <p><b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input checked="" type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/></p> <p><b>8. DATE OF BIRTH</b> <u>June 8, 1962</u> <b>9. AGE (last birthday)</b> <u>3</u> <b>IF UNDER 1 YEAR</b> Months <u>2</u> Days <u>3</u> <b>IF UNDER 24 HR</b> Hours <u>24</u> Min. <u>24</u></p>	
<p><b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>NONE</u></p> <p><b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>NONE</u></p> <p><b>11. BIRTHPLACE</b> (City and state or country) <u>Bonne Terre, Mo.</u></p> <p><b>12. CITIZEN OF WHAT COUNTRY</b> <u>United States</u></p>	
<p><b>13a. FATHER'S NAME</b> <u>Billy Eugene Branham</u> <b>13b. MOTHER'S MAIDEN NAME</b> <u>Lindy Lou Herrold</u></p> <p><b>14. NAME OF HUSBAND OR WIFE</b> <u>NONE</u></p>	
<p><b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u></p> <p><b>16. SOCIAL SECURITY NO.</b> <u>NONE</u> <b>17. INFORMANT</b> <u>Billy Eugene Branham, Cantwell, Mo.</u> Address</p>	
<p><b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c).)</p> <p>PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Prematurity</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____</p> <p>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</p> <p style="text-align: right;">INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u></p>	
<p><b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/></p> <p><b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) _____</p> <p><b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____</p>	
<p><b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input checked="" type="checkbox"/> <b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____</p> <p><b>20f. CITY, TOWN, OR LOCATION</b> _____ <b>COUNTY</b> _____ <b>STATE</b> _____</p>	
<p><b>21. I attended the deceased from</b> <u>6/8/62</u> to <u>6/10/62</u> and last saw him alive on <u>6/10/62</u></p> <p>Death occurred at <u>6:25</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p><b>22a. SIGNATURE</b> (Degree or title) <u>Van W. Taylor, M.D.</u> <b>22b. ADDRESS</b> <u>Bonne Terre, Missouri</u> <b>22c. DATE SIGNED</b> <u>6/12/62</u></p>	
<p><b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u> <b>23b. DATE</b> <u>6/12/1962</u> <b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Parkview Cemetery</u> <b>23d. LOCATION</b> (City, town, or county) (State) <u>Farmington, Mo</u></p>	
<p><b>24. FUNERAL DIRECTOR</b> <u>C.Z. Boyer &amp; Son</u> <b>ADDRESS</b> <u>Desloge, Mo</u> <b>25. DATE RECD. BY LOCAL REG.</b> <u>June 12, 1962</u> <b>26. REGISTRAR'S SIGNATURE</b> <u>Ether Rudloff</u></p>	

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED	AMENDED	INSTEAD OF
1	0941	
2	0940	
3		
4	0	
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7	0	
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12	1-0	
13	1-0	

BY AFFIDAVIT OF

**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 B. T. Boyer

Licensed Embalmer No. 3660

P. O. Address Leeslope 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.