

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-041764

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE 43 Primary Registration District No. 3007 Registrar's No. 1116

DO NOT WRITE ON THIS STUB

AMENDED

DATE AMENDED

1 0128

2 80302

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

FILED NOV 26 1962

1. PLACE OF DEATH a. COUNTY BUTLER			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ARKANSAS b. COUNTY LAWRENCE		
b. CITY OR TOWN POPLAR BLUFF		Length of stay in 1b 39 DAYS		c. CITY OR TOWN IMBODEN Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL			d. STREET ADDRESS BOX 102		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First WILLIAM Middle NATHAN Last BRANDON			4. DATE OF DEATH Month Nov Day 19 Year 1962		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-14-07	9. AGE (last birthday) 55	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY GENERAL LABORER		11. BIRTHPLACE (City and state or country) TYRONZA ARK	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME JOHN F. BRANDON		13b. MOTHER'S MAIDEN NAME LUCY G. LAND	
14. NAME OF HUSBAND OR WIFE MARTHA BRANDON		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWII			
16. SOCIAL SECURITY NO. []		17. INFORMANT Address VA HOSPITAL RECORDS POPLAR BLUFF, MO.			
18. CAUSE OF DEATH (Enter only one cause per line. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) GENERALIZED CARCINOMATOSIS Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CARCINOMA OF THE LUNG 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)				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	
19. WAS AUTOPSY PERFORMED? YES NO <input type="checkbox"/>	20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input 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.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. attended the deceased from 10-11-62 to 11-19-62 and last saw her alive on 11-19-62 Death occurred at 2:15 PM on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE DAVID V. MILLER M.D. Actg Pathologist (Degree or title)			22b. ADDRESS VA. HOSPITAL POPLAR BLUFF, MO.		22c. DATE SIGNED 11-19-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-21-62	23c. NAME OF CEMETERY OR CREMATORY Townsend Cemetery		23d. LOCATION (City, town, or county) Smithville, Ark. Rt # 2 (State)
24. FUNERAL DIRECTOR ADDRESS Higginbotham's Walnut Ridge, Ark.			25. DATE RECD. BY LOCAL REG. 11/23/1962		26. REGISTRAR'S SIGNATURE Hilma Graham

USE BLACK INK OR TYPEWRITER RIBBON

MAY 9 1963

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 R. C. Wigginton

Licensed Embalmer No. 772

P. O. Address Walnut Ridge, Ark.

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.