

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005554

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 50 Primary Registration District No. 5179 Registrar's No. 11

FILED FEB 25 1963

1. PLACE OF DEATH a. COUNTY <u>CAMDEN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>CAMDEN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>OSAGE TOWNSHIP</u>		c. CITY OR TOWN <u>CAMDENTON</u>	
Length of stay in lb <u>2 yrs.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RURAL ROUTE 1</u>		d. STREET ADDRESS (If outside, give location) <u>RURAL ROUTE 1</u>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <u>HERBERT</u> Middle <u>LOUIS</u> Last <u>BRANAH</u>			4. DATE OF DEATH Month <u>February</u> Day <u>18</u> Year <u>1963</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/25/96</u>	9. AGE (last birthday) <u>65</u>	10. IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BAKER</u>			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (City and state or country) <u>ST. LOUIS, Missouri</u>			12. CITIZEN OF WHAT COUNTRY <u>USA</u>		

13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE	
				<u>SHEPKOETTER CLARA BRANAH</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year of service) <u>YES WWII</u>		16. SOCIAL SECURITY NO. <u>488-05-6960</u>		17. INFORMANT <u>CLARA BRANAH CAMDENTON, MO</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Cardiac Asystole</u>		<u>Immediate</u>	
DUE TO (b) <u>Acute Coronary Artery Thrombosis</u>		<u>15 min</u>	
DUE TO (c) <u>Coronary Artery Arteriosclerosis</u>		<u>Years.</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hypertensive Cardiovascular Disease</u>		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	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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. I attended the deceased from <u>1960</u> to <u>1963</u> and last saw him alive on <u>2-11-63</u> Death occurred at <u>11:45 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>Dr. Samuel P. M.D.</u> (Degree or title)	22b. ADDRESS <u>Camdenton, Mo.</u>	22c. DATE SIGNED <u>2-19-63</u>
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23a. BURIAL CREMATION, REMOVAL (Specify)	23b. DATE <u>2/20/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>NEW BETHLEHEM</u>	23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MISSOURI</u>
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24. FUNERAL DIRECTOR <u>WALTER HEDGES</u> ADDRESS <u>CAMDENTON MISSOURI</u>	25. DATE RECD. BY LOCAL REG. <u>Feb. 19-1963</u>	26. REGISTRAR'S SIGNATURE <u>Philip J. Shaw</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

1 0150  
2 0150  
3 2  
4 0  
5 1  
6  
7 0  
8 2  
9 420.1  
10  
11  
12 90-0  
13 2-0

APR 1 1963

FEB 27 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 Walter F. Hedges

Licensed Embalmer No. 4265

P. O. Address Camden, N.J.

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.