.S. No. 300
Rev. 10-48

FILED JAN 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42449

BIRTH NO. _____ REG. DIST. NO. 112 PRIMARY REG. DIST. NO. 4180 Registrar's No. 29

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gerald, Missouri
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gerald, Missouri 36
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Ida
b. (Middle): Elnora
c. (Last): Brantner

4. DATE OF DEATH (Month) Dec. (Day) 25 (Year) 1948

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: October 13, 1883
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months 2 Days 12 — IF UNDER 24 HRS.: 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 (State or foreign country): Gerald Mo. (Champion City)
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: J. H. Uthmann
13b. MOTHER'S MAIDEN NAME: Carolina Weirich
14. NAME OF HUSBAND OR WIFE: George Brantner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Gilbert Farrell, Gerald, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

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MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adeno Carcinoma of Transverse Colon — INTERVAL BETWEEN ONSET AND DEATH: Several yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ✓
DUE TO (c) ✓

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

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19a. DATE OF OPERATION: Aug-48
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Transverse Colon C Extension Metastasis
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1948, *to* Dec, 1948, *that I last saw the deceased alive on* Dec 24, 1948, *and that death occurred at* 4:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles A Schmidt M.D.
23b. ADDRESS: Gerald
23c. DATE SIGNED: 12-27-48

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 27, 1948
24c. NAME OF CEMETERY OR CREMATORY: Champion City M E Cemetery
24d. LOCATION (City, town, or county) (State): 10 Mile South Gerald Mo.

DATE REC'D BY LOCAL REG.: 12-27-48
REGISTRAR'S SIGNATURE: J L Matthews 95
25. FUNERAL DIRECTOR'S SIGNATURE: Ernst L. Uthmann
ADDRESS: Gerald, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number JAN 21 1949
Date Filed

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.

Signed Ernest L. Oltmanns

Signed ..... Student Embalmer

Licensed Embalmer No. 4054

P. O. Address Gerald, Missouri

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 this body is not embalmed, fact should be so stated above.