

FILED JAN 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41018

5409

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 20 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		46	
d. FULL NAME OF HOSPITAL OR INSTITUTION 732 LYDIA SIDEWALK				d. STREET ADDRESS (If rural, give location) 704 LYDIA 15 1/2			
3. NAME OF DECEASED (Type or Print) EDWARD		a. (First)		b. (Middle) BRANDT		c. (Last)	
4. DATE OF DEATH 12 20 49		(Month)		(Day)		(Year)	
5. SEX MA		6. COLOR OR RACE W		7. MARRIED NEVER MARRIED, WIDOWED DIVORCED (Specify) Divorced		8. DATE OF BIRTH 9/14/83	
9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) JANITOR		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MILLWAUKEE WIS		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME AUGUST BRANDT		13b. MOTHER'S MAIDEN NAME ELIZABETH WAGONER		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 494-12-7552		17. INFORMANT'S SIGNATURE OR NAME ADDRESS PUBLIC ADM. KC MO			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerotic Heart Disease					
		ANTECEDENT CAUSES					
		*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.					
		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.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Autopsy & Inspection				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) natural		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		47-150	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Hugh H. OWENS (Degree or title)				23b. ADDRESS 1034 Realto Blvd		23c. DATE SIGNED 12-22-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 12/22/49		24c. NAME OF CEMETERY OR CREMATORY -		24d. LOCATION (City, town, or county) (State) SIOUX CITY IOWA	
DATE REC'D BY LOCAL REG. 12-22-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE SEBETO'S		ADDRESS CITY	

(Licensed Embalmer's Statement on Reverse Side)

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

