

FILED DEC 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41639

BIRTH NO. _____		REG. DIST. NO. 187		PRIMARY REG. DIST. NO. 9440		Registrar's No. 178	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Livingston		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe		a. STATE Missouri		b. COUNTY Livingston	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1208 Walnut Street		c. LENGTH OF STAY (In this place) 5 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe		d. STREET ADDRESS (If rural, give location) 1208 Walnut Street	
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) Willard		b. (Middle) John		c. (Last) Brainard		4. DATE OF DEATH (Month) (Day) (Year) Nov. 22, 1949	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 27, 1863	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		9b. KIND OF BUSINESS OR INDUSTRY Standard Oil Co.		9. AGE (In years last birthday) 85		10. CITIZEN OF WHAT COUNTRY? US	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Standard Oil Co.		11. BIRTHPLACE (State or foreign country) Scranton, Pennsylvania		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME William John Brainard		13b. MOTHER'S MAIDEN NAME Emma Hayden Smith		14. NAME OF HUSBAND OR WIFE Ida Mathis Brainard			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME. ADDRESS Chas. Brainard; Chillicothe, Missouri			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of rectum				1 year	
*This does not mean the mode of dying, such as heart failure; ashenia, etc. It means the disease, injury, or complication which caused death.		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				1.54X	
		Conditions contributing to the death but not related to the disease or condition causing death. Chronic Interstitial Nephritis					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		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 Jan 1, 1947, to Nov 22, 1949, that I last saw the deceased alive on Nov 22, 1949, and that death occurred at 10:25 P.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Lloyd M. Perkins D.C.				23b. ADDRESS 618 1/2 Washington Chillicothe Mo		23c. DATE SIGNED 11-25-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-25-49		24c. NAME OF CEMETERY OR CREMATORY Edgewood		24d. LOCATION (City, town, or county) (State) Chillicothe, Missouri	
DATE REC'D BY LOCAL REG. 11/25/49		REGISTRAR'S SIGNATURE Frances B. Nail		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Norman Funeral Home; Chillicothe, Missouri.			

(Licensed Embalmer's Statement on Reverse Side)

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



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 _____

J. M. Gibson

Student Embalmer No. 305

working under my personal supervision.

Student

Joseph M. Gibson
Student Embalmer

Signed

Estan J. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.