

STANDARD CERTIFICATE OF DEATH

37091

State File No.

FILED NOV 28 1951

BIRTH NO.		REG. DIST. NO. <u>382</u>		PRIMARY REG. DIST. NO. <u>4228</u>		Registrar's No. <u>30</u>	
1. PLACE OF DEATH a. COUNTY <u>Howard</u> <u>0450</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Glasgow</u>		c. LENGTH OF STAY (In this place) <u>1 1/2 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Glasgow</u>		d. STREET ADDRESS (If rural, give location) <u>7</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (First) <u>Joseph</u> (Middle) <u>Adolph</u> (Last) <u>BRAND</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 10, 1951</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Apr. 6, 1880</u>		9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wolph Brand</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Kneubler</u>		14. NAME OF HUSBAND OR WIFE <u>Lena Hummel Bay Brand</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Joe Brand</u> ADDRESS <u>Glasgow, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Coronary occlusion</u>					<u>0</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					<u>10 yrs</u>
		DUE TO (b) <u>Gen. Arteriosclerosis</u>					
		DUE TO (c) <u>Pulmonary Embolism</u>					<u>2 wks</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>					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 <u>1-1</u> , 19 <u>49</u> , to <u>11-10</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>11-9</u> , 19 <u>51</u> , and that death occurred at <u>7:00 P.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>W. D. Brand</u> (Degree or title)				23b. ADDRESS <u>Glasgow</u>		23c. DATE SIGNED <u>11-15-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Nov. 12, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington</u>		24d. LOCATION (City, town, or county) (State) <u>Glasgow</u> <u>Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 15, 1951</u>		REGISTRAR'S SIGNATURE <u>Walker Audsley</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Audsley</u>		ADDRESS <u>Fremont, Glasgow, Mo.</u>	

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

RECEIVED

NOV 27 1951

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed NOV 27 1951

VS JUN 7 1950 SA

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

working under my personal supervision.

Student Embalmer No.

Signed

E. L. Guernsey

Signed.....
Student Embalmer

Licensed Embalmer No.

3978

P. O. Address.

Glasgow Mo

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.