

FILED OCT 14 1952

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

32053

State File No. 32053

Registrar's No. 153

BIRTH NO. _____		REG. DIST. NO. 155		PRIMARY REG. DIST. NO. 3127		State File No. 32053		Registrar's No. 153					
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).									
a. COUNTY Jasper				a. STATE Missouri		b. COUNTY Jasper							
b. CITY (If outside corporate limits, write RURAL and give town)		c. LENGTH OF STAY (In this place township)		c. CITY (If outside corporate limits, write RURAL and give township)									
OR TOWN Webb City Mo.		5 yrs		OR TOWN Webb City Mo.		0492							
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)									
317 N. Tom				317 N. Tom									
3. NAME OF DECEASED			4. DATE OF DEATH										
(Type or Print)			(Month) (Day) (Year)										
a. (First) George			b. (Middle) Harrison			c. (Last) Brandon			Oct. 2 1952				
5. SEX		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
Male 0		White		Married /		Mar. 14 1890		62		6 18			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?			
Employee Independent Gravel Co.				Independent Gravel Co.				Cabool, Mo.		U.S.A			
13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE							
Charles A. Brandon			Margaret Brandon			Edna Brandon							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE AND ADDRESS							
yes (If yes, give war or dates of service) W.W.I				487-30-8836		Mrs. Edna Brandon Webb City Mo.							
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) <u>Pulmonary Tuberculosis</u>											
		ANTECEDENT CAUSES											
		Morbidity 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								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)									
				601 X									
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>May 6, 1952</u> to <u>Oct 2, 1952</u> , that I last saw the deceased alive on <u>Sept 30, 1952</u> , and that death occurred at <u>1:30 a.m.</u> , from the causes and on the date stated above.													
23a. SIGNATURE (Name or title)				23b. ADDRESS				23c. DATE SIGNED					
<u>James V. Flebert, M.S.</u>				<u>Carterville Mo</u>				<u>10-6-52</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)							
Burial		Oct 5 1952		Weaver Cemetery		North of Webb City, Mo.							
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS							
10-6-52		<u>Mrs. Madeline Switzer</u>				<u>Johnston Arnce Simpson Mortuary</u> Webb City Mo.							

(Licensed Embalmer's Statement on Reverse Side)

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

192
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RECEIVED 10-13-52
Jasper County Health Office

County File Number 52/10/798

Date Filed 10-13-52

OCT 20 1952

OCT 15 1952

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
Student Embalmer

Signed *Jack C. Simpson*

Licensed Embalmer No. 4647

P. O. Address *Webb City, 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.