

JAN 13 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2631

BIRTH NO. 27414-59 REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. LENGTH OF STAY (In this place) <u>Approx 8 hrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dalton Mo. 0210</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Hospital</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Constance</u> b. (Middle) <u>Susan</u> c. (Last) <u>Brandt</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-6-1953</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Dec 13-1953</u>	9. AGE (In years last birthday) <u>25</u>	IF UNDER 1 YEAR Months Days <u>25</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Moberly, Mo. U</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Billie Bolivar Brandt</u>		13b. MOTHER'S MAIDEN NAME <u>Mrs Jean Paschey</u>	14. NAME OF HUSBAND OR WIFE <u>Billie Brandt</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>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Billie Brandt</u> ADDRESS		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.					
MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Few hours</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Tonsillitis, acute</u>			3 days		
DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Retroental fibroplasia, Prematurity</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>473 X</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) (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 <u>13 Dec, 1952</u> , to <u>6 Jan, 1953</u> , that I last saw the deceased alive on <u>5 Jan, 1953</u> , and that death occurred at <u>3:10 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>W. D. Chute</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>208 1/2 N 4th Moberly, Mo.</u>		23c. DATE SIGNED <u>6 Jan 53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>1-8-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dalton Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Dalton Mo.</u>		
DATE REC'D BY LOCAL REG. <u>1-6-53</u>		REGISTRAR'S SIGNATURE <u>Leah Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Winkelmeyer</u> ADDRESS <u>Salisbury, Mo.</u>	

(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 _____

Not embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Chas B Winkelmeyer*

Licensed Embalmer No. *3842*

P. O. Address *Salisbury, 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.