

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7614

State File No.
Registrar's No. 85

FILED MAR 21 1955

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u>	
b. CITY OR TOWN <u>Jefferson City</u>	c. LENGTH OF STAY (in this place) <u>2 mos</u>	c. CITY OR TOWN <u>Loose Creek</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Chas. E. Still Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>R.F.D. 0761</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Alfred</u> b. (Middle) <u>H</u> c. (Last) <u>Brandt</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 13-55</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 25 1918</u>		9. AGE (In years last birthday) <u>36</u> if UNDER 1 YEAR: Months <u>8</u> Days <u>18</u> if UNDER 24 HRS. Hours <u>0</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>self</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Rich Fountain Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Casper Brandt</u>	13b. MOTHER'S MAIDEN NAME <u>Helen Hill</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. A. H. 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. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Alfred Brandt Loose Creek Mo</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>With exsanguination</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Massive pulmonary hemorrhages</u> DUE TO (c) <u>Crippling injury of thorax</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>076</u>
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 3-13-1955 3-13-1955, that I last saw the deceased alive on 3-13-1955, and that death occurred at 7:30 PM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Howard T. Baldwin 2nd DO</u>	23b. ADDRESS <u>Linn, Mo.</u>	23c. DATE SIGNED <u>3/15/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>3/15/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St George</u>
		24d. LOCATION (City, town, or county) (State) <u>Linn Mo</u>

DATE REC'D BY LOCAL REG. <u>Mar 15-55</u>	REGISTRAR'S SIGNATURE <u>R. P. Harris M.D. - M.A.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clyde Mortician Mo</u>
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(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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Vernon M. Weston*.....

Licensed Embalmer No. *412*.....

P. O. Address *Lincoln, N.J.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.