

FILED APR 6 - 1956 THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 17

BIRTH NO. REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 4470 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE MO. b. COUNTY Phelps	
b. CITY OR TOWN St. James	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN St. James	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION none		STREET ADDRESS none (If rural, give location) 0810	

3. NAME OF DECEASED (Type or Print) Gustave Charles Brandon	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) March 28 1956
5. SEX m	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) mrrried	8. DATE OF BIRTH July 21, 1882	9. AGE (In years) (last birthday) 73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and State or Foreign Country) Birmingham, England	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Frank Brandon	13b. MOTHER'S MAIDEN NAME Amy Aston	14. NAME OF HUSBAND OR WIFE Lillian Brandon
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. unknown	17. INFORMANT'S SIGNATURE OR NAME Mrs. Lillian Brandon, St. James 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		0
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension about 5 years DUE TO (c) Myocardial degeneration 4 years		
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 443x	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 6-6-1954 to 3-28-1956, that I last saw the deceased alive on 3-28-1956, and that death occurred at 12:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE C.V. Hammler, M.D.	(Degree or title)	23b. ADDRESS St. James, Mo.	23c. DATE SIGNED 3-31-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE March 31, '56	24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery	24d. LOCATION (City, town, or county) (State) St. James Mo.
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DATE REC'D BY LOCAL REG. 4-4-1956	REGISTRAR'S SIGNATURE Ruth B. Powell	25. FUNERAL DIRECTOR'S SIGNATURE C. Joseph Sahr
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Pheelps County Health Officer,

County File Number 377

Date Filed APR 6 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....



Licensed Embalmer No. 44

P. O. Address Sh...

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.