THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 16 1956

6112A · 12038

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 4485 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ancell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mrs Goldie Collier home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Scott
c. CITY OR TOWN: Ancell
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
STREET ADDRESS (If rural, give location): 1000

3. NAME OF DECEASED (Type or Print)
a. (First): LESTER
b. (Middle): WOODSON
c. (Last): BRANT

4. DATE OF DEATH (Month) (Day) (Year): March 8, 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: April 8, 1898
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: House moving
11. BIRTHPLACE (City and State or Foreign Country): Grayson, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: David J. Brant
13b. MOTHER'S MAIDEN NAME: Barbara Montgomery
14. NAME OF HUSBAND OR WIFE: Lena Kramer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 489-14-9900
17. INFORMANT'S SIGNATURE OR NAME: Mrs Goldie Collier — ADDRESS: Ancell, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Laennec's cirrhosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic alcoholism
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Generalized anasarca

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 5811
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-7-, 1956, *to* 3-8-, 1956, *that I last saw the deceased alive on* 3-3-, 1956, *and that death occurred at* 6:05 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gordon M. Nunnelly, M.D.
23b. ADDRESS: 937 Broadway, Cape Girardeau, Mo.
23c. DATE SIGNED: 3-10-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-10-56
24c. NAME OF CEMETERY OR CREMATORY: Lighthouse Cem
24d. LOCATION (City, town, or county) (State): Illmo, Missouri

DATE REC'D BY LOCAL REG.: 3-12-56
REGISTRAR'S SIGNATURE: Mrs F. Bingley Lopp
25. FUNERAL DIRECTOR'S SIGNATURE: Bingley Lopp Funeral Home — ADDRESS: Illmo, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED MAR 12 1956

SCOTT CO. HEALTH DEPT.

CO. FILE No. 352-63

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. Oliver C. Arnold

Licensed Embalmer No. 4

P. O. Address Olmsted

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.