Health, Welfare Public Service

300 1-56

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33475

STATE FILE NUMBER

FILED NOV 5 - 1956

Registration District No. 77 Primary Registration District No. 5303 Registrar's No. 320

1. PLACE OF DEATH a. COUNTY Cole	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City, Missouri — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN Jefferson City 0264 — Inside Limits Yes ☐ No ☑
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Rural Route # 5 — Length of stay in 1b 13 months	d. STREET ADDRESS (If outside, give location) Rural Route # 5 — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First JOHNNY Middle ROBERT Last BRANDENBURG

4. DATE OF DEATH: Month October Day 31 Year 56

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: September 20 '55

9. AGE (In years last birthday): 1 — IF UNDER 1 YEAR: Months 1 Days 11 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Jefferson City, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert Brandenburg

14. MOTHER'S MAIDEN NAME: Jean Kesterson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Jean Kesterson Brandenburg RR # 5 Jefferson City — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Bronchopneumonia Bilateral

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b):

DUE TO (c): (Child found dead in Bed 5AM)

INTERVAL BETWEEN ONSET AND DEATH: 3 or 4 Days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 491X

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY: Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

as Cole County Coroner

21. I attended the deceased from October 31-1956 and last saw her/him alive on ____

Death occurred at 2 am m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J G Brun M D

22b. ADDRESS: Jefferson City Mo

22c. DATE SIGNED: 11-2-56

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Nov 2nd '56

23c. NAME OF CEMETERY OR CREMATORY: Riverview Cemetery

23d. LOCATION (City, town, or county) (State): Jefferson City, Missouri

24. FUNERAL DIRECTOR — ADDRESS: Tanner Funeral Home Jefferson City Mo

25. DATE RECD. BY LOCAL REG.: 2 Nov. 1956

26. REGISTRAR'S SIGNATURE: R. P. Dorris MD - NR.

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....
Donald P. Freeman

Licensed Embalmer No....46..

P. O. Address Jeff City Mo

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