#

S. No. 300
EV. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12612

State File No.

FILED APR 22 1957

BIRTH NO. REG. DIST. NO. 88 PRIMARY REG. DIST. NO. 5326 Registrar's No. 15

1. PLACE OF DEATH
a. COUNTY Crawford
b. CITY OR TOWN Steelville Rural
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)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Crawford
c. CITY OR TOWN Steelville
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☑
e. STREET ADDRESS (If rural, give location) 1½ miles east of Steelville

0290

3. NAME OF DECEASED (Type or Print)
a. (First) John b. (Middle) F. c. (Last) Brand

4. DATE OF DEATH (Month) (Day) (Year) 4 - 6 - 57

5. SEX Male **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Married

8. DATE OF BIRTH 12-24-76 **9. AGE** (In years last birthday) 80 IF UNDER 1 YEAR Months 3 Days 12 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Leasburg, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Brand
13b. MOTHER'S MAIDEN NAME Mary Matlock
14. NAME OF HUSBAND OR WIFE Mary

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.
17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Brand **ADDRESS** Steelville

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) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Senile debility — 1 year

DUE TO (c)

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
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* Mar. 30, 1948, *to* Apr 3, 1957, *that I last saw the deceased alive on* Apr. 3, 1957, *and that death occurred at* 1:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE Fred Robey (Degree or title) DO
23b. ADDRESS Steelville, Mo
23c. DATE SIGNED 4/15/57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4-8-57
24c. NAME OF CEMETERY OR CREMATORY Shepherd Hill
24d. LOCATION (City, town, or county) Cuba (State) Mo.

DATE REC'D BY LOCAL REG. 4/20/57
REGISTRAR'S SIGNATURE Mrs. Hazel Lichius
25. FUNERAL DIRECTOR'S SIGNATURE Harry M. Jonas **ADDRESS** Steelville

(Licensed Embalmer's Statement on Reverse Side)

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

505
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Harry M Jones

Licensed Embalmer No 2628

P. O. Address Steelville

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