

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31219
STATE FILE NUMBER

FILED SEP 23 1957

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 302

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> <u>10760</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u> <u>0</u>		c. CITY OR TOWN <u>Bonnots Mill</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>R # 1</u>	
Length of stay in hospital <u>1 Hour</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Loretta Elizabeth Brandt
First Loretta Middle Elizabeth Last Brandt

4. DATE OF DEATH Sept. 17, 1957
Month Sept. Day 17 Year 1957

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>14 Sept. 1921</u>	9. AGE (In years last birthday) <u>36</u>	IF UNDER 1 YEAR Month <u>0</u> Day <u>2</u> Hours <u>3</u> Min.	IF UNDER 24 HRS. Hours <u>3</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (City and state or country) <u>Koeltztown, Mo. 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13. FATHER'S NAME Frank Bax

14. MOTHER'S MAIDEN NAME Francis Engelmeyer

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. <u>498 16-5579</u>	17. INFORMANT <u>A. H. Brandt, Bonnots Mill, Mo., R # 1</u> Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Primary shock
DUE TO (b) Laceration of uterus
due to hemorrhage & laceration of cervix & uterus
DUE TO (c) child birth at home.

INTERVAL BETWEEN ONSET AND DEATH
3 1/2 hours
4 hours

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 6770

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 8:15 Month 9 Day 17 Year 1957
a. m. p. m.

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 Jefferson City, Mo COUNTY STATE

21. I attended the deceased from Sept 17, 1957 to Sept 17, 1957 and last saw her him alive on Sept 17, 1957
Death occurred at 8:15 9 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) L. P. Klebla M.D. O

22b. ADDRESS Jefferson City, Mo

22c. DATE SIGNED 9-17-57

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>20 Sept 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New Parish Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Loose Creek, Mo.</u>
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24. FUNERAL DIRECTOR ADDRESS <u>Clyde Morton, Linn, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>19 September 1957</u>	26. REGISTRAR'S SIGNATURE <u>R. P. Norris, MD - MR.</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. All symptoms will be listed. All

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 Morton* _____

Licensed Embalmer No. *411*

P. O. Address *Lincoln*

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.