

THE DIVISION OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

**58-014973**

STATE FILE NUMBER

FILED MAY 9 1958

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 142

S. 300  
1-57  
3

1. PLACE OF DEATH a. COUNTY <u>Marion</u>			2. USUAL RESIDENCE - (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Haller</u> <u>0270</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Hannibal</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>New London</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>D O A Levering Hospital</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>R F D # 3</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>ALFRED</u> Middle <u>EMMETT</u> Last <u>BRANDON</u>			4. DATE OF DEATH Month <u>April</u> Day <u>23</u> Year <u>1958</u>		
5. SEX <u>Male</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>August 2, 1899</u>		9. AGE (In years last birthday) <u>58</u> IF UNDER 1 YEAR Months <u>8</u> Days <u>21</u> Hours <u></u> Min. <u></u> IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self Employed</u>		11. BIRTHPLACE (City and state or country) <u>9</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Gideon Brandon</u>		13b. MOTHER'S MAIDEN NAME <u>No Record</u>	
14. NAME OF HUSBAND OR WIFE <u>Mary Elizabeth Lux Brandon</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>490 07 5664</u>	
17. INFORMANT <u>Mrs. A. E. Brandon</u>		Address <u>R F D # 3 New London Missouri</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Lacerations of Brain</u> DUE TO (b) <u>Fracture of base of skull</u> DUE TO (c) <u></u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>Hemorrhage about capsule of rt kidney</u>					INTERVAL BETWEEN ONSET AND DEATH <u>few minutes</u>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Repairing house, fell from back porch onto concrete</u>			
20c. TIME OF INJURY Hour <u>3</u> Month <u>4</u> Day <u>23</u> Year <u>58</u> p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>back of house</u>			
20e. CITY, TOWN, OR LOCATION <u>Hannibal</u>		20f. COUNTY <u>Marion</u>		20g. STATE <u>Mo</u>	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at <u>3pm</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Henry H Sweet JMD</u> <u>Coroner 3</u>			22b. ADDRESS <u>Hannibal Mo</u>		22c. DATE SIGNED <u>4/29/58</u>
23a. BURIAL, CREMATION, REBURYAL (Specify) <u>burial</u>		23b. DATE <u>4/25/58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Hannibal Missouri</u>		23e. (State)			
24. FUNERAL DIRECTOR <u>Crawford Smith, Hannibal Missouri</u>			25. DATE RECD. BY LOCAL REG. <u>4-30-1958</u>		26. REGISTRAR'S SIGNATURE <u>Dr. E. M. Sweet</u>

(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 causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

189c

RECEIVED MAY 8 1958  
MARION CO. HEALTH DEPT.,  
DATE FILED MAY 8 1958

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 *A. Crawford Smith* .....

Licensed Embalmer No. .... 2814 .....  
P. O. Address ..... Hannibal Misso

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