

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025098

STATE FILE NUMBER

FILED JUL 22 1958 Registration District No. 111 Primary Registration District No. 4183 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <i>Franklin</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> COUNTY <i>Franklin</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Pacific</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Pacific</i> 0360 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Cabott Nursing Home</i>		Length of stay in lb <i>2 1/2 yrs</i>	d. STREET ADDRESS (If outside, give location) <i>-</i> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <i>Rose - Brandt</i>			4. DATE OF DEATH Month Day Year <i>July 16 1958</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Feb 28. 1867</i>		9. AGE (In years last birthday) <i>91</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Baden Germany</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S.</i>

13a. FATHER'S NAME <i>Anton Jaroslow</i>		13b. MOTHER'S MAIDEN NAME <i>Theresa Martin</i>		14. NAME OF HUSBAND OR WIFE <i>Anton Brandt (deceased)</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT <i>Mrs Rose Dailey Pacific Mo.</i>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>arterio sclerosis heart disease</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 month</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Coronary heart failure</i>		
	DUE TO (c) <i>4200</i>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Cerebral arteriosclerosis, Parkinson's disease

20a. ACCIDENT <input 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.)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20f. CITY, TOWN, OR LOCATION COUNTY STATE	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>1948</i> to <i>Jul. 16-1958</i> Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <i>Rose Brandt</i>		
22b. ADDRESS <i>Pacific, Mo.</i>		22c. DATE SIGNED <i>7/16/58</i>		

23a. BURIAL, CREMATION, REMOVAL (Specify) <i>July 19 '58</i>	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY <i>St. Bridget's</i>	23d. LOCATION (City, town, or county) <i>Pacific</i>	23e. STATE <i>Mo.</i>
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24. FUNERAL DIRECTOR <i>Mrs. John L. Thube Pacific Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>July 18-1958</i>	26. REGISTRAR'S SIGNATURE <i>Mary B. Gross</i>	
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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

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(Licensed Embalmers' Statement on Reverse Side)

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 *Ralph Ottmann*

Licensed Embalmer No. *4808*
P. O. Address *Union, Mo.*

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.