

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040894

State File No. _____

FILED DEC 15 1958

BIRTH NO. _____

REG. DIST. NO. 251

PRIMARY REG. DIST. NO. 4370

Registrar's No. 340

1. PLACE OF DEATH a. COUNTY <u>Madway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Madway</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clemons</u>		c. LENGTH OF STAY (in this place) <u>6 days</u>		c. CITY OR TOWN <u>Clemons</u> 0740		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Waller Nursing Home</u>		e. STREET ADDRESS (If rural, give location) _____				
3. NAME OF DECEASED (Type or Print) a. (First) <u>DANIEL WEBSTER</u> b. (Middle) <u>BRANDON</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 2 1958</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec 21, 1877</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Janitor</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ma Moene Iowa U.S.</u>		
12. CITIZENSHIP OF WHAT COUNTRY _____		13. FATHER'S NAME <u>John Candy Brandon</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Warren</u>		
14. NAME OF HUSBAND OR WIFE <u>Rachel Allen</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>None</u>		
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. RACHAEL BRANDON QUITMAN, MO</u>		ADDRESS _____		_____		
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Lower urinary tract obstruction</u> DUE TO (c) <u>Benign Prostatic Hypertrophy</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cong Heart/F. failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>See years</u> <u>Yrs</u> <u>Yrs.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____		
22. I hereby certify that I attended the deceased from <u>Sep 18, 1952</u> to <u>Dec 2, 1958</u> , that I last saw the deceased alive on <u>Nov 30, 1958</u> , and that death occurred at <u>8:30 P.M.</u> , from the causes and on the date stated above.						
23a. SIGNATURE (Name or title) <u>Daniel Ford R.D. 2</u>			23b. ADDRESS <u>Clemons Mo.</u>		23c. DATE SIGNED <u>12-5-58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 5, 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clemons Cem.</u>		
24d. LOCATION (City, town, or county) (State) <u>Clemons Mo</u>		DATE REC'D BY LOCAL REG. <u>12-9-58</u>		REGISTRAR'S SIGNATURE <u>Bess Holt</u>		
25. FUNERAL DIRECTOR'S SIGNATURE <u>J. H. Burt</u>		ADDRESS <u>Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
J. Mann

Licensed Embalmer No. *2968*

P. O. Address *Burl Jct*

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.