THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-009238
STATE FILE NUMBER

FILED MAR 30 1959 Registration District No. 145 Primary Registration District No. 5566 Registrar's No. 150

1. PLACE OF DEATH
a. COUNTY Iron
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Dent Twp — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) East End — Length of stay in 1b 32 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Iron
c. CITY OR TOWN Dent Twp. 0476 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) East End — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Rose Middle Lilly Last Brand

4. DATE OF DEATH Month Day Year March 12, 1959

5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH June 17, 1905
9. AGE (In years last birthday) 54 — IF UNDER 1 YEAR Months 8 Days 25 — IF UNDER 24 HRS. Hours Min.

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

13a. FATHER'S NAME Sherman Short
13b. MOTHER'S MAIDEN NAME Sarah Martin
14. NAME OF HUSBAND OR WIFE Ernest Brand

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. none
17. INFORMANT Mr. Ernest Brand, Address Goodland, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Monocytic leukemia.
INTERVAL BETWEEN ONSET AND DEATH 5 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 2042
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

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 a.m. p.m. Month, Day, Year
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 COUNTY STATE

21. I attended the deceased from 11-7-58, to 3-12-59 and last saw her/him alive on 2-26-59
Death occurred at 7.15 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Marvin C. Minne, MD
22b. ADDRESS 109 N. Main, Ironton, Missouri
22c. DATE SIGNED 3-16-59

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE March 15, 59
23c. NAME OF CEMETERY OR CREMATORY Sam Crocker Cemetery
23d. LOCATION (City, town, or county) (State) East End, Missouri

24. FUNERAL DIRECTOR White Funeral Home, ADDRESS Ironton, Mo. Russell J. White
25. DATE RECD. BY LOCAL REG. March 26 1959
26. REGISTRAR'S SIGNATURE Mrs Elizabeth Logan

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 ....Russell J. White.....

Licensed Embalmer No. 3012

P. O. Address ....Ironton, 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.