

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**=60-022684**

**FILED VS JUL 11 1960**

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 5303 Registrar's No. 232

1. PLACE OF DEATH a. COUNTY <b>Cole</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Jefferson City</b>		Length of stay in 1b <b>8 years</b>		c. CITY OR TOWN <b>Jefferson City</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Route # 2 (Old Highway 34 South)</b>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Route # 2 (Old Highway 34 South)</b>	
3. NAME OF DECEASED (Type or print) First <b>IRA</b> Middle <b>JOSEPH</b> Last <b>BRANDENBURG</b>				4. DATE OF DEATH Month <b>June</b> Day <b>27th</b> Year <b>1960</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>Jan 22 1900</b>	
9. AGE (last birthday) <b>70</b>		IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>		IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Railroader (Ret.)</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Railroading</b>			11. BIRTHPLACE (City and state or country) <b>Gasconade Co., Mo.</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>							
13a. FATHER'S NAME <b>Joseph Allen Brandenburg</b>			13b. MOTHER'S MAIDEN NAME <b>Elizabeth Nichols</b>			14. NAME OF HUSBAND OR WIFE <b>Nancy Annie Brandenburg</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW # 1</b>			16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>City, Mo.</b> <b>Mrs Nancy Annie Brandenburg Jefferson</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary arteriosclerosis</b> DUE TO (b) <b>Atherosclerotic Heart Disease</b> DUE TO (c) <b>Chronic Brain Syndrome</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Cholesterol</b>						INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b> <b>years</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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.)			
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		Month, Day, Year					
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 <b>Jan 1959</b> to <b>June 1960</b> and last saw her alive on <b>May 16 1960</b> Death occurred at <b>about 8 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>William A. Cox M.D.</b>				22b. ADDRESS <b>125 E High St Jefferson City</b>		22c. DATE SIGNED <b>June 29 1960</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>June 30 1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Jefferson City, Missouri</b>	
24. FUNERAL DIRECTOR <b>Tanner Service, Jefferson City, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>29 June 1960</b>		26. REGISTRAR'S SIGNATURE <b>R.P. Harris, MD - Richter, J.S.</b>	

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

JUL 11 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Donald P. Freeman

Licensed Embalmer No. 4623

P. O. Address Ormo

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