IRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-024139

FILED VS JUN 21 1960

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 157 STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY Randolph
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly
Length of stay in 1b App. 2½ Hrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wabash Employes' Hospital
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pettis
c. CITY OR TOWN Sedalia
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 503 East Fifth Street
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First LAWRENCE Middle ELMER Last BRANDENBURG
4. DATE OF DEATH Month June Day 7 Year 1960

5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH 11/6/1887
9. AGE (last birthday) 72
IF UNDER 1 YEAR Months Days; IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist Helper, Retired
10b. KIND OF BUSINESS OR INDUSTRY Wabash RR Company
11. BIRTHPLACE (City and state or country) Salem, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME James H. Brandenburg
13b. MOTHER'S MAIDEN NAME Sallie Watson
14. NAME OF HUSBAND OR WIFE

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. 332-03-8467
17. INFORMANT Mrs. Sue Acton, Address 412 Ridgeway Columbia, Missouri

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) Pulmonary infarction — INTERVAL BETWEEN ONSET AND DEATH: Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) Pulmonary congestion and cardiac decompensation — Weeks (?)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 2:10 P.M. to 3:33 P.M., June 7-60
Death occurred at 3:33 P.M., m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE L. K. McMurtry M.D., Surgeon in Charge
22b. ADDRESS Wabash Employes' Hospital Moberly, Missouri
22c. DATE SIGNED 6/9/60

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 6/9/1960
23c. NAME OF CEMETERY OR CREMATORY OAKLAND
23d. LOCATION (City, town, or county) MOBERLY (State) MO

24. FUNERAL DIRECTOR MANAN FUNERAL SERVICE ADDRESS MOBERLY MO
25. DATE RECD. BY LOCAL REG. 6-9-60 26. REGISTRAR'S SIGNATURE

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

VS JUN 27 1980

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 John A. Green

Licensed Embalmer No. 3815

P. O. Address Moberly

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