

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-031221

FILED VS AUG 20 1960 REGISTRATION DISTRICT NO. 179

Primary Registration District No. 4288 Registrar's No. 112

STATE FILE NUMBER

| | | | | | | | | | | | | | |
|--|--|---|--|---|---|--|--|--|--|--|--|----------------|--|
| 1. PLACE OF DEATH a. COUNTY Lincoln | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Lincoln | | | | | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moscow Mills | | Length of stay in 1b 8 Years | | c. CITY OR TOWN Moscow Mills | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wells Nursing Home | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Mollie Lanier Brandes | | | | 4. DATE OF DEATH Month Day Year August 16, 1960 | | | | | | | | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH 10/15/61 | | 9. AGE (last birthday) 98 | | IF UNDER 1 YEAR Months Days Hours Min. | | IF UNDER 24 HR | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | | 11. BIRTHPLACE (City and state or country) Lincoln Co., Mo. | | | 12. CITIZEN OF WHAT COUNTRY USA | | | | | |
| 13a. FATHER'S NAME John Lanier | | | 13b. MOTHER'S MAIDEN NAME Sally Robinson | | | 14. NAME OF HUSBAND OR WIFE Louis Brandes | | | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT Address Henry Brandes, Troy, Missouri. | | | | | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRO-VASCULAR HEMORRHAGE | | | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH ONE WK. | | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ADVANCED ARTERIOSCLEROSIS | | | | | | | | | | UN K. | | | |
| DUE TO (c) _____ | | | | | | | | | | | | | |
| 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | | | |
| 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 a.m. 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 1958 to 8/16/60 and last saw her alive on 8/16/60 Death occurred at 5:30 PM on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | | | | | | |
| 22a. SIGNATURE <i>Loret Berry</i> (Degree or title) M.D. | | | | 22b. ADDRESS Troy, Missouri | | | | 22c. DATE SIGNED 8/17/60 | | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 8/18/60 | | 23c. NAME OF CEMETERY OR CREMATORY Troy Cemetery | | | 23d. LOCATION (City, town, or county) (State) Troy, Missouri | | | | | | |
| 24. FUNERAL DIRECTOR Kemper-Marsh Funeral Home, Troy, Mo. | | | | 25. DATE RECD. BY LOCAL REG. 8-26-1960 | | 26. REGISTRAR'S SIGNATURE <i>Charlotte Peak</i> | | | | | | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 31 1960

SEP 2 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

Joseph J. Marsh

Licensed Embalmer No. 3932

P. O. Address Troy, Miss

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.