

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-026301
STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 2056 Registrar's No. 133

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

FILED JUL 17 1961

1. PLACE OF DEATH
a. COUNTY RANDOLPH
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MOBERLY Length of stay in lb 6 WKS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION WOODLAND HOSP. Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI COUNTY CHARITON
c. CITY OR TOWN DALTON Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 3 MI. SOUTH Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last
MARY C. BRANDT
4. DATE OF DEATH Month Day Year 7-5-1961

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 11-2-1873 9. AGE (last birthday) 87
IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

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

13a. FATHER'S NAME CHARLES HENRY BRANDT 13b. MOTHER'S MAIDEN NAME MARY ANNA FIEKER 14. NAME OF HUSBAND OR WIFE Mrs. Bryan Knight

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 Mrs. Bryan Knight

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic heart disease. INTERVAL BETWEEN ONSET AND DEATH 7
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) _____ 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 Month, Day, Year a.m. p.m. _____

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 Feb. 1961 to July, 1961 and last saw her her alive on July 4, 1961
Death occurred at 3:35 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [Signature] 22b. ADDRESS Moberly, Mo. 22c. DATE SIGNED 7/6/61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 7-7-61 23c. NAME OF CEMETERY OR CREMATORY DALTON CEM 23d. LOCATION (City, town, or county) (State) DALTON MISSOURI

24. FUNERAL DIRECTOR ADDRESS L. E. McCurry Brunswick Mo. 7-7-61 25. DATE RECD. BY LOCAL REG. 7-7-61 26. REGISTRAR'S SIGNATURE [Signature]

JUL 20 1961

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 L. E. McCurry

Licensed Embalmer No. 4806

P. O. Address Brunswick 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.