

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039353

STATE FILE NUMBER

FILED NOV 17 1958

Registration District No.

83

Primary Registration District No.

53/2

Registrar's No. 12

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Clark's Fork Twp TOWN		c. CITY OR TOWN Bunceton, Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RFD Bunceton,		d. STREET ADDRESS RFD (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ALVIN Middle MARTIN Last BRANDES		4. DATE OF DEATH Month Nov. Day 7, Year 1958	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 19, 1900
9. AGE (In years) 57 (In years) Months Days Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	
11. BIRTHPLACE (City and state or country) Cooper County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John A. Brandes		13b. MOTHER'S MAIDEN NAME Laura Hoerl	
14. NAME OF HUSBAND OR WIFE Lydia Hein 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. unknown		17. INFORMANT Mrs Carl Hein Address RFD Bunceton, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound head Blew off 4/5 cranium. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Self-inflicted DUE TO (c) Self-inflicted PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). 976X			INTERVAL BETWEEN ONSET AND DEATH Inst.
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Shot self 12 ga shot gun	
20c. TIME OF INJURY Hour 11 Month 7 Day 58 a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home in Cooper		20f. CITY, TOWN, OR LOCATION AD COUNTY Cooper STATE Mo	
21. I attended the deceased from Death occurred at AD and last saw her alive on 11/8/58		22. ADDRESS Boonville Mo	
22a. SIGNATURE (Degree or title) M D Carner		22c. DATE SIGNED 11/8/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 11/9/58	
23c. NAME OF CEMETERY OR CREMATORY Zion Lutheran Cem.		23d. LOCATION (City, town, or county) (State) RFD Bunceton, Mo.	
24. FUNERAL DIRECTOR B. W. Thacher ADDRESS Boonville, Mo.		25. DATE RECD. BY LOCAL REG. 11/2/58	
26. REGISTRAR'S SIGNATURE Virginia T. Higgins			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Death, color, etc., must be used only standard notation in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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

Licensed Embalmer No. 3944

P. O. Address Boonville

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.