

FILED FEB 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2152

BIRTH NO.		REG. DIST. NO. 276		PRIMARY REG. DIST. NO. 5944		Registrar's No. 3	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).			
a. COUNTY Phelps		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. James, Dawson Township		a. STATE MO		b. COUNTY Phelps	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Dawson Township		d. STREET ADDRESS (If rural, give location)		6 miles north east of St. James	
d. FULL NAME OF HOSPITAL OR INSTITUTION		3. NAME OF DECEASED		4. DATE OF DEATH			
		a. (First) Elcanah A. Brandstetter		(Month) (Day) / (Year)		1 26 - 49	
(Type or Print)		b. (Middle)		c. (Last)			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH 2-28-1880	
9. AGE (In years last birthday) 98		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years) Months Days 98 10 28	
11. BIRTHPLACE (State or foreign country) Phelps co MO		12. CITIZEN OF WHAT COUNTRY? U.S.		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Michael Brandstetter		13b. MOTHER'S MAIDEN NAME Permelia Foley		14. NAME OF HUSBAND OR WIFE Marcia Brandstetter			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓		16. SOCIAL SECURITY NO. ✓		17. INFORMANT'S SIGNATURE OR NAME Dose Brandstetter		ADDRESS St. James, Mo	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage				2 days	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				5 years	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) Hypertension & Chronic Phlebitis					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 592X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1-24-1949, to 1-26-1949, that I last saw the deceased alive on 1-24-1949, and that death occurred at 12:55 p.m., from the causes and on the date stated above.							
23a. SIGNATURE C.V. Hammeler, M.D.				23b. ADDRESS St. James, Mo.		23c. DATE SIGNED 11.1.49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-29-49		24c. NAME OF CEMETERY OR CREMATORY Brandstetter cem.		24d. LOCATION (City, town, or county) (State) Dawson Town MO	
DATE REC'D BY LOCAL REG. Feb-5-49		REGISTRAR'S SIGNATURE Cora E. Birmingham		25. FUNERAL DIRECTOR'S SIGNATURE Cora E. Licklider		ADDRESS St. James, Mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

RECEIVED

Phelps County Health Officer,

County File Number _____

Date Filed 2-14-49

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 _____

me

Student Embalmer No. _____

working under my personal supervision.

Signed *Orville Liebknecht*

Signed _____
Student Embalmer

Licensed Embalmer No. *3544*

P. O. Address *St. James, 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 this body is not embalmed, fact should be so stated above.