

FILED JUN 6 1949

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **15184**

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 80

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

BIRTH NO. _____		REG. DIST. NO. <u>58</u>		PRIMARY REG. DIST. NO. <u>4090</u>		Registrar's No. <u>14</u>		
1. PLACE OF DEATH a. COUNTY <u>Carter</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Carter</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hunter Johnson</u>		c. LENGTH OF STAY (In this place) <u>30 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hunter</u>		0		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>own home</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Florence</u> b. (Middle) <u>W.</u> c. (Last) <u>Brandt</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 16 1949</u>					
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>May 7 1875</u>		9. AGE (In years last birthday) <u>74</u> UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Canada</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Lorenzo H. Clapp</u>			13b. MOTHER'S MARDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Charles W. Brandt</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charles W. Brandt Hunter Mo</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gastric carcinoma</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>?</u>          <u>151X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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)		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 <u>June, 1948</u> , to <u>May 14, 1949</u> , that I last saw the deceased alive on <u>May 14, 1949</u> , and that death occurred at <u>11 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Frank J. Rucinski, D.O.</u>				23b. ADDRESS <u>211 W. Van Buren, Mo</u>		23c. DATE SIGNED <u>5-17-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-18-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hunter</u>		24d. LOCATION (City, town, or county) (State) <u>Hunter Mo</u>		
DATE REC'D BY LOCAL REG. <u>May 18-49</u>		REGISTRAR'S SIGNATURE <u>Mrs. Octa Henson</u>		59 FUNERAL DIRECTOR'S SIGNATURE <u>Seaton Pewitt</u>		ADDRESS <u>Van Buren</u>		

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 5/23/49  
District Health Officer No. 5,  
District File Number 649396  
Date Filed 6/3/49

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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.

Signed \_\_\_\_\_

*Seaton Powell*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. 2287

P. O. Address Van Buren

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.