

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29715**

No. 300
10-48

27

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 105

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, write RURAL and give township) Boonville <u>7</u>		c. LENGTH OF STAY (in this place) 1 Day	c. CITY (If outside corporate limits, write RURAL and give township) Bunceton		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital.			d. STREET ADDRESS (If rural, give location) Rural Kelly Township.		

3. NAME OF DECEASED (Type or Print) a. (First) Emma	b. (Middle) Fahrenbrink	c. (Last) Brandes	4. DATE OF DEATH (Month) (Day) (Year) September 13 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH November 16 1881	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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 (State or foreign country) Cooper County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.		

13a. FATHER'S NAME Henry Fahrenbrink	13b. MOTHER'S MAIDEN NAME Magdeline Schmack	14. NAME OF HUSBAND OR WIFE Albert Brandes
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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. _____	17. INFORMANT'S SIGNATURE OR NAME Mr. Albert Brandes, Bunceton, Mo.	ADDRESS _____
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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, asphyxia, etc. - It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 17 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive cardiovascular disease		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			331X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) (Min.)	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 April, 1948, to Sept 13, 1949, that I last saw the deceased alive on Sept 12, 1949, and that death occurred at 10 a. m., from the causes and on the date stated above.

23a. SIGNATURE A. Neulsmann	(Degree or title) M.D.	23b. ADDRESS 329 Main Boonville Mo	23c. DATE SIGNED 9-16-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 15 1949	24c. NAME OF CEMETERY OR CREMATORY Lone Elm Church Cem.	24d. LOCATION (City, town, or county) (State) Cooper County, Missouri.
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DATE REC'D BY LOCAL REG Sept 17-49	REGISTRAR'S SIGNATURE Dr. Cooper	25. FUNERAL DIRECTOR'S SIGNATURE Goodman & Boller, Boonville, Mo.	ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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

SEP 19

District File Number

DEC 1 1949

District File Number

Date Filed

9-27-49

DEC 17 1949

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 Student Embalmer

Signed

J. H. Goodman

Licensed Embalmer No. 1178

P. O. Address

Boonville, 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.