

FILED NOV 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38248**

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

BIRTH NO. _____		REG. DIST. NO. <u>275</u>		PRIMARY REG. DIST. NO. <u>3053</u>		Registrar's No. <u>140</u>		
1. PLACE OF DEATH a. COUNTY <u>Phelps.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Phelps</u>				
b. CITY OR TOWN <u>Rolla Missouri</u>		c. LENGTH OF STAY (In this place) <u>2 mo</u>		c. CITY OR TOWN <u>near Steelville, Rural, Missouri</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McFarlan Old Peoples Home</u>				d. STREET ADDRESS (If rural, give location) <u>near Steelville Mo</u>				
3. NAME OF DECEASED (Type or Print) <u>Philip</u>			a. (First) <u>Philip</u>		b. (Middle) <u>E.</u>		c. (Last) <u>Brand</u>	
4. DATE OF DEATH <u>11-3-1949</u>		(Month) (Day) (Year)		5. SEX <u>M.</u>		6. COLOR OR RACE <u>W</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>4-18-1861</u>		9. AGE (In years last birthday) <u>88</u>		IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Marion County, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>American</u>		
13a. FATHER'S NAME <u>John S. Brand</u>		13b. MOTHER'S MAIDEN NAME <u>Barbie Spingal</u>		14. NAME OF HUSBAND OR WIFE <u>Arm Allen Brand.</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS				
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>myocarditis</u>				INTERVAL BETWEEN ONSET AND DEATH		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>old age</u>						
		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				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) (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 <u>2-29</u> , 19 <u>49</u> , to <u>Nov 3</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Nov 3</u> , 19 <u>49</u> , and that death occurred at <u>5:47 am.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>William McFarlan</u> (Degree or title)				23b. ADDRESS <u>Rolla Mo.</u>		23c. DATE SIGNED <u>11-7-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>11-4-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Leasburg Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Leasburg, Crawford, MO</u>		
DATE REC'D BY LOCAL REG. <u>11-7-49</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stool</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L J Jones & Son Steelville MO</u> ADDRESS				

RECEIVED

Phelps County Health Officer,

County File Number _____

Date Filed 11-15-49

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 _____

Harry M. Jones Embalmed

Student Embalmer No. _____

working under my personal supervision.

Signed Harry M. Jones

Signed _____
Student Embalmer

Licensed Embalmer No. 2628

P. O. Address Steele, 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.