

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8534**

FILED APR 1 1950

Registrar's No. **1154**

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 1154	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Johnson			
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) 18 days		c. CITY (If outside corporate limits, write RURAL and give township) Rural Mission		2159	
d. FULL NAME OF HOSPITAL OR INSTITUTION Saint Lukes Hosp KC. Mo.				d. STREET ADDRESS (If rural, give location) 5716 Ash			
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) P		c. (Last) Brandau		4. DATE OF DEATH (Month) (Day) (Year) 3 - 12 - 50	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan. 13, 1872	
9. AGE (in years last birthday) 78		IF UNDER 1 YEAR Months - Days -		IF UNDER 24 HRS. Hours - Min. -			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manufacturer		10b. KIND OF BUSINESS OR INDUSTRY Wire & Iron Works		11. BIRTHPLACE (State or foreign country) Indiana		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Charles Brandau		13b. MOTHER'S MAIDEN NAME Mary Eppert		14. NAME OF HUSBAND OR WIFE Mrs. Alice Brandau			
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Keith L. Yake-Mission Ks.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pyelonephritis Bilateral ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Obstructed Ureters DUE TO (c) Carcinoma of the Prostate II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 177*				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 19 , to 19 , that I last saw the deceased alive on 19 , and that death occurred at 140 pm. , from the causes and on the date stated above.							
23a. SIGNATURE Richard C. Schaffer (Degree or title)				23b. ADDRESS Richard C. Schaffer MD Pathologist St. Louis		23c. DATE SIGNED 3-12-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE March 12 50		24c. NAME OF CEMETERY OR CREMATORY New Haven Cemetery		24d. LOCATION (City, town, or county) (State) Indianapolis, Indiana	
DATE REC'D BY LOCAL REG. 3-13-50		REGISTRAR'S SIGNATURE Maldine Holmes		25. FUNERAL DIRECTOR'S NAME R. Han Shifflett		ADDRESS Mission, Ks.	

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

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.....

R. Alan Giffith

Licensed Embalmer No. 4485

P. O. Address Mission, Kansas

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.