

FILED APR 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13942

13942

0147
3

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 5853 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Maryville</u> ^{Post} c. CITY (If outside corporate limits, write RURAL and give township) <u>Tickering</u> ¹⁹⁴⁷		d. STREET ADDRESS (If rural, give location) <u>on way to Hospital</u>	
3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>T.</u> c. (Last) <u>Brand</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-5-'50</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>12-25-1869</u>
9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>11</u>	IF UNDER 1 HR. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer-ret</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm-</u>	11. BIRTHPLACE (State or foreign country) <u>Savannah-Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>Am-</u>
13a. FATHER'S NAME <u>Wm. Brand</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Ida Brand-deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Nick M. Cleave-Hopkins-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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>generalized arteriosclerosis</u> DUE TO (c) <u>senility</u> II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>influenza and bronchitis</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. INTERVAL BETWEEN ONSET AND DEATH		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9:30 A.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W.R. Jackson, MD</u> (Degree or title)		23b. ADDRESS <u>Maryville, Mo.</u>	23c. DATE SIGNED <u>4-7-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-9-'50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Savannah Cem - Savannah - Mo.</u>	24d. LOCATION (City, town, or county) (State) <u>Savannah - Mo.</u>
DATE REC'D BY LOCAL REG. <u>4-8-50</u>	REGISTRAR'S SIGNATURE <u>Bess Holt</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.M. Cleave, Maryville Mo.</u>	

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 *G M Peterson* _____

Licensed Embalmer No. *2279* _____

P. O. Address *Maryville, 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.