

FILED JUN 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16358

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 112 PRIMARY REG. DIST. NO. 3428 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MO</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GERALD RURAL BOONE 37th</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GERALD MO. RR # II</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GERALD MO. IN. HOME</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ARTHUR</u> b. (Middle) <u>W. BRANDHORST</u> c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>5-7-1950</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>10-17-1890</u>
9. AGE (In years last birthday) <u>59</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	
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>GERALD MO. ROUTE U</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>CHARLES H. BRANDHORST</u>		13b. MOTHER'S MAIDEN NAME <u>MARY B. BLUMBERG</u>	
14. NAME OF HUSBAND OR WIFE <u>EMMA A. BRANDHORST</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. <u>L</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Emma A Brandhorst</u> ADDRESS <u>Gerald 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>Cornary Thrombosis</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>Metabolic Regurgitation</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 1947</u> to <u>May 7, 1950</u> that I last saw the deceased alive on <u>May 6, 1950</u> and that death occurred at <u>8 P.</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>J. H. Matthews M.D.</u> (Degree or title)		23b. ADDRESS <u>Beaufort Mo</u>	
23c. DATE SIGNED <u>5/8/50</u>		24a. BURIAL, CREMATION, REINTERMENT (Specify) <u>1</u>	
24b. DATE <u>5-10-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ME CEMETARY</u>	
24d. LOCATION (City, town, or county) (State) <u>LESLIE MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. Meyer</u> ADDRESS <u>Gerald Mo</u>	
DATE REC'D BY LOCAL REG. <u>5/8/50</u>		REGISTRAR'S SIGNATURE <u>J. H. Matthews</u>	

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

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RECEIVED JUN 10 1950
District Health Officer No. 9,
District File Number

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 *Stanley E. Meyer*

Licensed Embalmer No. *4639*

P. O. Address *General 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.