No. 300
10.48

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

FILED AUG 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23948

BIRTH NO. 35404-50 REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4286 Registrar's No. 56

1. PLACE OF DEATH
a. COUNTY: Lewis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): La Grange, Mo
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): La Grange Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): La Grange Mo 0560
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Penny
b. (Middle): Elizabeth
c. (Last): Brandt

4. DATE OF DEATH (Month) (Day) (Year): July 12 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 11
8. DATE OF BIRTH: June 19 1950
9. AGE (In years last birthday): 0 — If under 1 year: Months 0, Days 23 — If under 1 day: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): La Grange Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A
13a. FATHER'S NAME: Wilbert Brandt
13b. MOTHER'S MAIDEN NAME: Martha West
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mr. Wilbert Brandt — 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH: FEW MINUTES

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.* UNEXPECTED SUDDEN DEAT — 7710

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 12, 1950, *to* July 12, 1950, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 5:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: W L Edley (Degree or title) MD
23b. ADDRESS: La Grange Mo
23c. DATE SIGNED: 7/12/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 13 1950
24c. NAME OF CEMETERY OR CREMATORY: Riverview Cemetery
24d. LOCATION (City, town, or county) (State): La Grange Mo.

DATE REC'D BY LOCAL REG.: 7-19-50
REGISTRAR'S SIGNATURE: P. H. Jennings M.D. 161
25. FUNERAL DIRECTOR'S SIGNATURE: Kenneth Bailey — ADDRESS: La Grange Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUL 24 1950
District Health Officer No. 10
District File Number 7-50-1211
Date Filed JUL 31 1950

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. Kenneth Bailey
Licensed Embalmer No. 4048
P. O. Address La Grange, 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.