

FILED NOV 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36598**

BIRTH NO. _____ REG. DIST. NO. **104** PRIMARY REG. DIST. NO. **5418** Registrar's No. **31**

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural, Cotton hill)	c. LENGTH OF STAY (in this place) Life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Cotton Hill Twp. 0350	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION NONE		d. STREET ADDRESS (If rural, give location) R.F.D. 1, Malden, Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) Thelma		b. (Middle) Pay		c. (Last) Brandt		4. DATE OF DEATH (Month) (Day) (Year) 11, 6, 1950	
5. SEX F.	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 1923, 11, 1924		9. AGE (In years last birthday) 26	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house keeping		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Malden, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Clarence Tuttle		13b. MOTHER'S MAIDEN NAME Ethel Fenwick		14. NAME OF HUSBAND OR WIFE Floyd Brandt	
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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. 499-26-9437		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Floyd Brandt, 5527 Cates Ave. St. Louis, Mo	
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH 3 yrs 526 X
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) Bronchectasis DUE TO (c) Chronic Bronchitis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chest Pain			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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
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22. I hereby certify that I attended the deceased from **Jan**, 19**49**, to **Nov**, 19**50**, that I last saw the deceased alive on **Nov**, 19**50**, and that death occurred at **11 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thelma Pay Brandt	23b. ADDRESS Malden Mo	23c. DATE SIGNED 11/7/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11.7.1950	24c. NAME OF CEMETERY OR CREMATORY Bernie Cemetery	24d. LOCATION (City, town, or county) (State) Bernie, Missouri
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DATE REC'D BY LOCAL REG. 11-18-50	REGISTRAR'S SIGNATURE J. W. Schwaner 87	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bright Funeral Home Malden
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(Licensed Embalmer's Statement on Reverse Side)

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

350

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 11-20-50

COUNTY FILE NUMBER ..1150-312

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

Wallace R. Knight

Licensed Embalmer No. *H. 514*

P. O. Address *Malden, Ms*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with this above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.