

FILED FEB 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 942

BIRTH NO.		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 5508		Registrar's No. 17	
1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Deepwater, Fairview				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Deepwater			
d. FULL NAME OF HOSPITAL OR INSTITUTION Home				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Emma		b. (Middle) L.		c. (Last) Brandon		4. DATE OF DEATH (Month) (Day) (Year) January 31 1951	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH January 1 1873	
9. AGE (In years last birthday) 78		10. UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (State or foreign country) Arkansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper, Own Home				10b. KIND OF BUSINESS OR INDUSTRY			
13a. FATHER'S NAME Walter W. Brandon		13b. MOTHER'S MAIDEN NAME Melissa Blevins		14. NAME OF HUSBAND OR WIFE			
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 None NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS James Christenson, Deepwater, Mo			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 14 days 331X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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 <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from January 19 51, to January 31 1951, that I last saw the deceased alive on January 31 19 51, and that death occurred at 9:45 Pm., from the causes and on the date stated above.							
23a. SIGNATURE Dr. C. R. Townsend (Degree or title)				23b. ADDRESS D. O. R. Deepwater, Missouri		23c. DATED Feb. 1, 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Feb. 1-1951		24c. NAME OF CEMETERY OR CREMATORY Independence Own		24d. LOCATION (City, town, or county) (State) Independence Missouri	
DATE REC'D BY LOCAL REG. Feb 1-1951		REGISTRAR'S SIGNATURE Florence Adams		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Tom Hunt Deepwater Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 2-5-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 2-5-51

I

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 *John H. Hurd*

Licensed Embalmer No. 2782

P. O. Address *Pequatic MD*

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.