

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2005

State File No.

FILED FEB 13 1952

BIRTH NO.		REG. DIST. NO. <u>207</u>		PRIMARY REG. DIST. NO. <u>4319</u>		Registrar's No. <u>2</u>	
1. PLACE OF DEATH a. COUNTY <u>MARIES</u> b. CITY (If outside corporate limits, write RURAL and give township) OR <u>BELLE</u> c. LENGTH OF STAY (in this place) <u>2 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MARIES</u> c. CITY (If outside corporate limits, write RURAL and give township) OR <u>BELLE</u> d. STREET ADDRESS (If rural, give location) <u>1630</u>			
3. NAME OF DECEASED (Type or Print) <u>SAM</u>		a. (First)		b. (Middle) <u>BRANDT</u>		c. (Last)	
4. DATE OF DEATH <u>FEB. 2 - 1952</u>		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	
8. DATE OF BIRTH <u>DEC. 6th-1878</u>		9. AGE (In years last birthday) <u>73</u>		10. IF UNDER 1 YEAR <u>1</u> Months <u>26</u> Days		11. IF UNDER 18 HRS. <u>0</u> Hours <u>0</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM LABORER</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>HENRY BRANDT</u>		13b. MOTHER'S MAIDEN NAME <u>EMMALINE KOHENBERGER</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Emma Green - Belle, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbidity 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.				INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u>	
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) <u>4201</u>		21d. (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>2/2, 1952</u> , to <u>2/2, 1952</u> , that I last saw the deceased alive on <u>2/2, 1952</u> , and that death occurred at <u>3:30p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. H. Schuchardt</u>		23b. ADDRESS <u>Belle, Mo.</u>		23c. DATE SIGNED <u>2/5/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2/5/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PILOT KNOB CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>OSAGE COUNTY, MO.</u>	
DATE REC'D BY LOCAL REG. <u>2-7-52</u>		REGISTRAR'S SIGNATURE <u>Pauline Howard</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sassmann's Funeral Service-Belle Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Chester S. Sisson

Licensed Embalmer No. *5128*

P. O. Address *Bland - 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.