

S. No. 304
 10. 48
 FILED MAR 31 1952
 STANDARD CERTIFICATE OF DEATH

9473
 State File No. _____
 Registrar's No. 72

BIRTH NO. 3490 REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3052

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before addition.) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dalton</u> 0210	
c. LENGTH OF STAY (in this place) <u>8 days</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>		b. (Middle) <u>Michael</u>	
		c. (Last) <u>Brandt</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>March 21 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>Jan 16-1952</u>
9. AGE (In years last birthday) <u>0</u>		IF UNDER 1 YEAR <u>2</u> MONTHS <u>5</u> DAYS	IF UNDER 24 HRS. <u>1</u> MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>✓</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	
11. BIRTHPLACE (State or foreign country) <u>Moberly Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Billy Bolivar Brandt</u>		13b. MOTHER'S MAIDEN NAME <u>Nell Jean Paschen</u>	
14. NAME OF HUSBAND OR WIFE <u>✓</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>✓</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>W.D. White</u>		ADDRESS <u>Dalton 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Virus of pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks plus</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>Congenital cataract, Hemangioma of face, (other?)</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		492X	
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>17 Jan</u> , 1952, to <u>21 Mar</u> , 1952, that I last saw the deceased alive on <u>21 Mar</u> , 1952, and that death occurred at <u>8:20A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>W.D. White</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>208 1/2 N 4th Moberly Mo</u>	
23c. DATE SIGNED <u>27 Mar 52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 23-1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Dalton Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Dalton Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Mar 23-52</u>		REGISTRAR'S SIGNATURE <u>W.D. White</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>C.B. Winkelman</u>		ADDRESS <u>Salsburg, Mo.</u>	

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 _____

working under my personal supervision.

Student Embalmer No).....

Signed.....

Charles B. Winbelmeyer

Signed.....

Student Embalmer

Licensed Embalmer No. 3842

P. O. Address Salisbury, 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.