

RECORDED JUN 30 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23326
Registrar's No. 48

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4499

1. PLACE OF DEATH a. COUNTY Shelby		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shelbina		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shelbina	
c. LENGTH OF STAY (in this place) 32 Years		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Catherine c. (Last) Brant			4. DATE OF DEATH (Month) (Day) (Year) June 23rd 1952		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Jan 7th 1878		9. AGE (In years last birthday) 74		10. UNDER 1 YEAR Months 5 Days 16	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY House work		11. BIRTHPLACE (State or foreign country) Fulton Co Ill	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Benjamin Spurlock		13b. MOTHER'S MAIDEN NAME Amanda Umstead		14. NAME OF HUSBAND OR WIFE William Brandt Shelbina	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs Everette Pogue Shelbina Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac failure DUE TO (c) Bronchial Asthma		INTERVAL BETWEEN ONSET AND DEATH 5 yrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 241X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 **Jan 10, 1951**, to **June 21, 1952**, that I last saw the deceased alive on **Jan 21, 1952**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Joseph H Tomer, Jr. (Degree or title)		23b. ADDRESS Shelbina Mo		23c. DATE SIGNED 6/24/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/25/52		24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery	
		24d. LOCATION (City, town, or county) (State) Shelbina Mo			

DATE REC'D BY LOCAL REG. 6-24-52		REGISTRAR'S SIGNATURE Ada Garrison 419		25. FUNERAL DIRECTOR'S SIGNATURE Barkeley & Hawkins	
				ADDRESS Shelbina Mo.	

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

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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.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.....

Ferry A. Berkeley

Licensed Embalmer No. *3835*

P. O. Address *Deerfield, 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.