

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37465

State File No. _____

No. 300
10.48

1110

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

BIRTH NO. _____		REG. DIST. NO. <u>369</u>		PRIMARY REG. DIST. NO. <u>4538</u>		Registrar's No. <u>9</u>	
1. PLACE OF DEATH a. COUNTY <u>Wayne</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wayne</u>			
b. CITY OR TOWN <u>Piedmont</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Piedmont</u>		1110	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROSA</u>			b. (Middle) <u>MARIE</u>		c. (Last) <u>BRANDT</u>		4. DATE OF DEATH (Month) <u>10</u> (Day) <u>24</u> (Year) <u>52</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Oct. 27, 1899</u>		9. AGE (In years last birthday)	IF DEAF	IF UNDER 14 HRS.
		<u>Widowed</u>			<u>52</u>	<u>11</u>	<u>27</u>
10a. USUAL OCCUPATION (Give kind of work if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY	
<u>Retiree</u>		<u>Hospital</u>		<u>Mt. Vernon, Mo.</u>		<u>U.S.A.</u>	
13a. FATHER'S NAME <u>Albert L. Johnson</u>			13b. MOTHER'S MAIDEN NAME <u>Betha A. Moore</u>		14. NAME OF HUSBAND OF DECEASED <u>Wesley Brandt</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mary J. Stonecipher</u> ADDRESS <u>4132 Washington St. St. Louis, 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>Hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>Skull Fracture</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>E982X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>on back of certificate</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Homicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Piedmont Wayne Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 24 1952 7:00</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Homicide</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:00</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Marvin C. Powell, Coroner</u>				23b. ADDRESS <u>Piedmont, Mo.</u>		23c. DATE SIGNED <u>Oct 25/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10-25-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Blossfield Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 25, 1952</u>		REGISTRAR'S SIGNATURE <u>Hazel Ward 460</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harmon T. Cook</u> ADDRESS <u>Piedmont, Mo.</u>			

Stab wound under Right Breast. Stab wound under mid.
clavicle, right side. one stab under middle of shoulder.
one stab left scapular region. Injury to left side of head
above left ear. Skull Fractured Brain exposed. Bruise on
right side of stomach over right hip ant. Bruise over left
ant. Bruise under left Clavicle. Bruise on left leg mid section
Right eye black. 3 1/4 inch blade on session used in
stabbing.

RECEIVED
OCT 31 1952

JAN 22 1953

WINNECO. HEALTH CENTER

FILE NO. 10-25-1952

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 _____

me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Mervin E. Bowler*

Licensed Embalmer No. *4426*

P. O. Address *Pediment, 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.