

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42679

4252 State File No.

No. 300  
10. 48

FILED DEC 22 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 2032 Registrar's No. 166

510  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Johnson,</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri,</u> COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write BUREAU and give township) OR TOWN <u>Centerview,</u>		c. CITY (If outside corporate limits, write BUREAU and give township) OR TOWN <u>Warrensburg,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Addie Everts Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>Rural.</u>	

3. NAME OF DECEASED (Type or Print) <u>Hattie Brand,</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 7, 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow,</u>	8. DATE OF BIRTH <u>Aug. 22, 1858</u>	9. AGE (In years last birthday) <u>94</u>	IF UNDER 1 YEAR Months Days	IF UNDER 6 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Wife</u>	11. BIRTHPLACE (State or foreign country) <u>Albany, N.Y.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Jay Hall</u>	13b. MOTHER'S MAIDEN NAME <u>Lydia, Hall (Unknown)</u>	14. NAME OF HUSBAND OR WIFE <u>Frank Brand</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Archie Ford, Holden, Mo.</u>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH <u>gr.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</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>Intertendental fracture of femur</u>			<u>Emb.</u>

19a. DATE OF OPERATION <u>9-20-52</u>	19b. MAJOR FINDINGS OF OPERATION <u>Intertendental fracture of femur. 551</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</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>Johnson, Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9-20-52</u> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell</u>
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22. I hereby certify that I attended the deceased from 2-7, 1952, to 12-7, 1952, that I last saw the deceased alive on 12-6, 1952, and that death occurred at 3:50 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature] M.D.</u>	23b. ADDRESS <u>Warrensburg, Missouri</u>	23c. DATE SIGNED <u>12-8-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-9-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill,</u>	24d. LOCATION (City, town, or county) (State) <u>Warrensburg, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>Dec. 8, 1952</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>R.A. Brauninger,</u>	ADDRESS <u>Warrensburg, Mo.</u>
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RECEIVED  
DEC 16 1952  
JOHNSON COUNTY HEALTH DEPT.

APR 2 1953

JAN 9 1953

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.....  
Student Embalmer

Signed

*W. B. Branninger*

Licensed Embalmer No. 3377

P. O. Address *Warrensburg, 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.