

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22489

FILED JUL 15 1953

BIRTH NO.		REG. DIST. NO. 280	PRIMARY REG. DIST. NO. 596-8	Registrar's No. 69
1. PLACE OF DEATH a. COUNTY PLATTE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL (CARROLL TWP.)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 1306 HOLMES, KANSAS CITY		
c. LENGTH OF STAY (in this place) 6 HRS.		d. STREET ADDRESS (If rural, give location) 3148		
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 MI. S. OF PLATTE CITY				
3. NAME OF DECEASED (Type or Print)		a. (First) LUTHER	b. (Middle) (NONE)	c. (Last) BRANDENBURG
4. DATE OF DEATH		(Month) (Day) (Year) JULY 12, 1953		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB. 11, 1902	9. AGE (In years last birthday) 51 if UNDER 1 YEAR: Months Days if UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY ELECTRIC		11. BIRTHPLACE (State or foreign country) KENTUCKY
12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME HAL BRANDENBURG		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE MARY HARRIS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME LUTHER BRANDENBURG, JR., LEAVENWORTH, KAN
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) DROWNING 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. SWIMMING IN PLATTE RIVER		INTERVAL BETWEEN ONSET AND DEATH 083
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 9298 12		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) ACCIDENT		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) RIVER		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) CARROLL TWP. PLATTE MO.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) JULY 12, 1953 2:45 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR
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 2:45 P.M. , from the causes and on the date stated above.				
23a. SIGNATURE Roland M. Giffey, Coroner		23b. ADDRESS Platte City, Mo.		23c. DATE SIGNED 7-12-53
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7-15-53		24c. NAME OF CEMETERY OR CREMATORY PLEASANT RIDGE CEM.
24d. LOCATION (City, town, or county) (State) PLATTE Co., Mo.				
DATE REC'D BY LOCAL REG. July 13, 1953		REGISTRAR'S SIGNATURE R. P. R. R. R. R.		25. FUNERAL DIRECTOR'S SIGNATURE Hollins & Mitchell, Platte City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

830
3

JUL 16 1959

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

Roland M. Giffee

Licensed Embalmer No. 4725

P. O. Address Platte City, 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.