

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24140

State File No. 36

FILED AUG 11 1953

REG. DIST. NO. 5

PRIMARY REG. DIST. NO. 118

Registrar's No. 88

0160

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

1. PLACE OF DEATH a. COUNTY Capey Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Perry	
b. CITY (If outside corporate limits, write RURAL and give town or TOWN Apple Creek Twp. R.)		c. LENGTH OF STAY (in this place) 3 mo.	c. CITY OR TOWN Rural
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) Benjamin b. (Middle) H. c. (Last) Brandes		4. DATE OF DEATH (Month) (Day) (Year) Aug. 1, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 13, 1870
9. AGE (In years last birthday) 82		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	11. BIRTHPLACE (City and State or Foreign Country) Uniontown, Mo.
13a. FATHER'S NAME Henry Brandes		13b. MOTHER'S MAIDEN NAME Amalie Leskuehn	12. CITIZEN OF WHAT COUNTRY? U.S.A.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	14. NAME OF HUSBAND OR WIFE Katherine Schumaker
17. INFORMANT'S SIGNATURE OR NAME Henry H. Brandes		ADDRESS Jackson Rl, Mo.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Chronic Myocarditis & Myocardial degeneration ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (a) Chronic Myocarditis & Myocardial degeneration DUE TO (c) 4222 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 8 mo.	
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 6 July 53 , to 1 Aug 53 , that I last saw the deceased alive on 26 July, 1953 , and that death occurred at 9:45 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE James B. Biddle M.D.		23b. ADDRESS Perryville Mo.	
23c. DATE SIGNED 3 Aug 53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 5, 1953	24c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery	24d. LOCATION (City, town, or county) (State) Uniontown, Missouri
DATE REC'D BY LOCAL REG. Aug 4-53	REGISTRAR'S SIGNATURE D. G. Seibert	25. FUNERAL DIRECTOR'S SIGNATURE Young & Sons Perryville Mo	

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.....
Signature of Student Embalmer

Signed.....
Edward C. Young

Licensed Embalmer No. *2138*

P. O. Address *Perryville, Pa.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.