# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 28130

FILED SEP 14 1953

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 104

**1. PLACE OF DEATH**
a. COUNTY: Cooper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boonville
c. LENGTH OF STAY (In this place): 5 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Josephs Hosp.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Howard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glasgow 0450
d. STREET ADDRESS (If rural, give location): 1

3. NAME OF DECEASED (Type or Print): a. (First) HENRY b. (Middle) Theodore c. (Last) BRAND

4. DATE OF DEATH (Month) (Day) (Year): Sept. 6, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 12, 1875
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (City and State or Foreign Country): Covington Kentucky
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Adolph Brand
13b. MOTHER'S MAIDEN NAME: Mary Knoebbe
14. NAME OF HUSBAND OR WIFE: Elizabeth Tebbe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or Unknown): No (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs. H. T. Brand
ADDRESS: Glasgow Mo.

**MEDICAL CERTIFICATION**

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerotic cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH: 1-5 years

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.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4221
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-3, 1953, *to* 9-6-53, 19____, *that I last saw the deceased alive on* 8-5-53, 19____, *and that death occurred at* 9 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): B. N. Stuart, M.D.
23b. ADDRESS: Boonville Mo
23c. DATE SIGNED: 9-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 8 1953
24c. NAME OF CEMETERY OR CREMATORY: Washington
24d. LOCATION (City, town, or county) (State): Glasgow Mo.

DATE REC'D BY LOCAL REG.: 9-9-53
REGISTRAR'S SIGNATURE: D. C. Hooper
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FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Dudley-Tremouth Glasgow Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

## 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 .....

Licensed Embalmer No. 3978

P. O. Address Glasgow, Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.