

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32111

State File No.

FILED SEP 21 1953

BIRTH NO. _____ REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Martin City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Martin City</u>	
c. LENGTH OF STAY (in this place) <u>57 yrs</u>		7. 2000	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>in town</u>		d. STREET ADDRESS (If rural, give location) <u>In town</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Benjamin</u>	b. (Middle) <u>Franklin</u>	c. (Last) <u>BRAINARD</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>8 28 53</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>2-22-1864</u>	9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months	IF UNDER 48 HRS. Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Doctor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Medical</u>	11. BIRTHPLACE (State or foreign country) <u>Cedarville, New York</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Van Ransallar Brainard</u>	13b. MOTHER'S MAIDEN NAME <u>Ellen Reynolds</u>	14. NAME OF HUSBAND OR WIFE <u>Elizabeth Brainard</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>- -</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dr. Ada Radar, Martin City, Mo</u>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		<u>6 months</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Degeneration</u> DUE TO (c) <u>Senility</u>		<u>12 yrs</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Seasonal Bronchitis due to Allergy</u>		<u>years</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4222</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 3-3-, 1953, to 8-28-, 1953, that I last saw the deceased alive on 8-28-, 1953, and that death occurred at 2:30A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ada B. Radar</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Martin City, Mo</u>	23c. DATE SIGNED <u>8-29-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-1-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mount Moriah Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>8/31/52</u>	REGISTRAR'S SIGNATURE <u>Dr. Annie B. Hedges</u>	136-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. E. George & Sons, Grandview, Mo.</u>
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(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

Sterling E. Gosdar
Licensed Embalmer No. *4911*

P. O. Address

Grandview

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.