

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1223

FILED JAN 27 1954 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 109

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>COLE</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. LENGTH OF STAY (In this place) <b>2 mo.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFFERSON CITY</b>		d. STREET ADDRESS (If rural, give location) <b>217 BUCHANAN</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2616 CHARLOTTE STREET</b>			d. STREET ADDRESS (If rural, give location) <b>217 BUCHANAN</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b> b. (Middle) <b>OTTO</b> c. (Last) <b>BRANDT</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>1-9-1954</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>FEB. 28, 1862</b>	9. AGE (In years last birthday) <b>91</b>	10. IF UNDER 1 YEAR Months Days <b>91</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MERCHANT</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>JOHN BRANDT</b>		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE <b>JOHANNA BRANDT</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>ARTHUR G. BRANDT, 2616 CHARLOTTE STREET, KANSAS CITY, MISSOURI</b>		
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 INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Valvular Heart Disease</b> <b>Terminal Pneumonia</b>			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Smittly</b>			INTERVAL BETWEEN ONSET AND DEATH <b>42 1/2</b>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)		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 <b>Nov 1, 1953</b> , to <b>Jan 9, 1954</b> , that I last saw the deceased alive on <b>Jan 8, 1954</b> , and that death occurred at <b>6:25 A.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Ralph Perry M.D.</b> (Degree or title)			23b. ADDRESS <b>4800 East 24</b>		23c. DATE SIGNED <b>Jan 9, 1954</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>JAN. 9-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>-</b>	24d. LOCATION (City, town, or county) (State) <b>JEFFERSON CITY MISSOURI</b>		
DATE REC'D BY LOCAL REG. <b>1-9-54</b>		REGISTRAR'S SIGNATURE <b>Seraldine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>H. W. Newcomer's Sons, 1301 BUSH CREEK BLVD. KANSAS CITY, MISSOURI</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE 2 PERMANENT RECORDS

10-9-2011

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 Basil W. Horney

Licensed Embalmer No. 4724

P. O. Address Ashland, Mo

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.