

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10957**

FILED MAR 16 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 43

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Vernon</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>		c. CITY OR TOWN <u>Walker</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>3 days</u>		e. STREET ADDRESS (If rural, give location) <u>R.R. #2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nevada Hospital</u>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Francis</u> b. (Middle) <u>Leonard</u> c. (Last) <u>Brandt</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>February 26 1954</u>
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<b>5. SEX</b> <u>M</u>	<b>6. COLOR OR RACE</b> <u>Wh</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Never married</u>	<b>8. DATE OF BIRTH</b> <u>October 26 1898</u>	<b>9. AGE</b> (In years last birthday) <u>55</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HRS.</b> Hours _____ Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farming</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Own farm</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Walker, Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>

<b>13a. FATHER'S NAME</b> <u>Frederick Brandt</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Mary Smith</u>	<b>14. NAME OF HUSBAND OR WIFE</b> _____
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>George Brandt</u>	<b>ADDRESS</b> <u>Walker, Missouri</u>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>  <u>sev. 1/2</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Fulminating Bronchopneumonia</u> <u>Cerebral thrombosis</u>		
	<b>ANTECEDENT CAUSES</b> <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>  <b>DUE TO (b)</b> _____ <b>DUE TO (c)</b> _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> <u>Conditions contributing to the death but not related to the disease or condition causing death</u> <u>Arteriosclerotic heart disease</u>			

<b>19a. DATE OF OPERATION</b> _____	<b>19b. MAJOR FINDINGS OF OPERATION</b> _____	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> _____
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22. I hereby certify that I attended the deceased from 2-20-, 1954, to 2-26-, 1954, that I last saw the deceased alive on 2-26-, 1954, and that death occurred at A. m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>C. Braxton Davis, M.D.</u>	<b>23b. ADDRESS</b> <u>Nevada, Mo.</u>	<b>23c. DATE SIGNED</b> <u>2-27-54</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>March 2 1954</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Mt. Vernon Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Vernon County Missouri</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>3-12-54</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Anna S. Ferry #51</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Ferry Funeral Home</u>	<b>ADDRESS</b> <u>Nevada, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

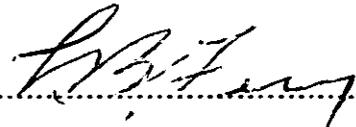
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by L. Ingles Ferry, Student Embalmer No. 492 working under my personal supervision..

Student

  
Signature of Student Embalmer

Signed

  
Licensed Embalmer No. 1760

P. O. Address Nevada

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.