

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5476**

FILED MAR 7 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **180-179-** PRIMARY REG. DIST. NO. **5665** Registrar's No. **31**

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

1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lincoln</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Clark Twp.</b> OR TOWN <b>MOSCOW MILLS</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Clark Twp.</b> OR TOWN <b>MOSCOW MILLS</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>0570</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Wells Nursing Home</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Julia</b>	b. (Middle) <b>M.</b>	c. (Last) <b>Brandes</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 26 1955</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Aug. 30, 1872</b>	9. AGE (in years last birthday) <b>82</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Postmistress</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Post Office</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Wentzville, R.R. 0</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Henry A. Brandes</b>	13b. MOTHER'S MAIDEN NAME <b>Louise Meyer</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Henry A. Brandes</b>	ADDRESS <b>Troy, Mo.</b>
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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 <b>2 days</b>  <b>years</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Vascular Accident (left)</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized Atherosclerosis</b> DUE TO (c) <b>Atherosclerotic Heart Disease</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>None</b>	19b. MAJOR FINDINGS OF OPERATION <b>none</b>	20. AUTOPSY? <b>331X</b> YES <input type="checkbox"/> NO <input 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) _____	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 **6/14**, 19**54**, to **2/25**, 19**55**, that I last saw the deceased alive on **2/25**, 19**55**, and that death occurred at **9:00 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>John K. Humphrey M.D.</b>	(Degree or title)	23b. ADDRESS <b>Troy Mo.</b>	23c. DATE SIGNED <b>2/28/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Feb 28, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Linn Cemetery 162</b>	24d. LOCATION (City, town, or county) (State) <b>Wentzville, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>3-5-1955</b>	REGISTRAR'S SIGNATURE <b>Emma D. Riddle</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter M. Poiran</b>	ADDRESS <b>Wentzville Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

**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 *Annotta Materna*

Licensed Embalmer No. 3055

P. O. Address *Westville*

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.