

FILED MAR 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7115

BIRTH NO. _____		REG. DIST. NO. 1		PRIMARY REG. DIST. NO. 2000		Registrar's No. 66	
1. PLACE OF DEATH a. COUNTY ADAIR b. CITY OR TOWN HARTSVILLE c. LENGTH OF STAY (in this place) 10 days d. FULL NAME OF HOSPITAL OR INSTITUTION MOH HOSPITAL				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY SHELBY c. CITY OR TOWN CLARENCE d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NO 20			
3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) M. c. (Last) BRANT			4. DATE OF DEATH MARCH 3 1955				
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH OCT 14 1891	
9. AGE (In years last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10a. KIND OF BUSINESS OR INDUSTRY PUBLIC WORKS		11. BIRTHPLACE (City and State or Foreign Country) OKLAHOMA	
12. CITIZEN OF WHAT COUNTRY? US		13a. FATHER'S NAME WM. JOHN BRANT		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE DAISY BRANT	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 486-14-1988		17. INFORMANT'S SIGNATURE OR NAME DAISY BRANT ADDRESS CLARENCE MO			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Uremia Peritonitis + Abscess Perforated duodenal ulcer				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES 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. 5411			
19a. DATE OF OPERATION Feb 25 55		19b. MAJOR FINDINGS OF OPERATION Abdominal abscess and Perforated duodenal ulcer				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE		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 Feb 26, 1955 , to MAR 3, 1955 , that I last saw the deceased alive on MAR 3, 1955 , and that death occurred at 7:55 PM. , from the causes and on the date stated above.							
23a. SIGNATURE Paul K. Toole D.O. (Degree or title)				23b. ADDRESS Hartsville MO		23c. DATE SIGNED MAR 3 55	
24a. BURIAL, CREMATION, REMOVAL (Specify) UNDIA		24b. DATE 3-6-55		24c. NAME OF CEMETERY OR CREMATORY MAPLEWOOD CEMETERY		24d. LOCATION (City, town, or county) (State) CLARENCE MO	
DATE REC'D BY LOCAL REG. 3-3-55		REGISTRAR'S SIGNATURE Walter Lambert		25. FUNERAL DIRECTOR'S SIGNATURE Charles W. Gamm ADDRESS Clarence MO			

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

APR 5 1958

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.....
Signature of Student Embalmer

Signed *Charles V. Green*

Licensed Embalmer No. 463

P. O. Address *Ch...*

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.