

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **8592**

FILED MAR 29 1955

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 4246 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>JASPER</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carl Junction, Mo.</u> c. LENGTH OF STAY (In this place) <u>13 yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>So. Roney Street</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u> c. CITY OR TOWN <u>Carl Junction, Mo.</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>South Roney Street</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLEY</u> b. (Middle) <u>ANDERSON</u> c. (Last) <u>BRANDON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 24 1955</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>2-4-1878</u>
9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR: <u>1</u> Months <u>20</u> Days	IF UNDER 12 MRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mining</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Joplin, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Thomas Brandon</u>	
13b. MOTHER'S MAIDEN NAME <u>Anna Brower</u>		14. NAME OF HUSBAND OR WIFE <u>Ida (McCorkle) Brandon, Dec'd</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>524-09-0744</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Roy Brandon, Son</u>		ADDRESS <u>Carl Junction, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Failure</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Cerebral Hemorrhage</u>	
DUE TO (c) <u>Essential Hypertension</u>		<u>6 hours</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>5 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>3-31-X</u>	
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)		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 <u>March 24, 1955</u> , to <u>March 24, 1955</u> , that I last saw the deceased alive on <u>March 24, 1955</u> , and that death occurred at <u>3:20P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Type or Print) <u>J. H. Stiles, M.D.</u>		23b. ADDRESS <u>Asbury, Mo.</u>	
23c. DATE SIGNED <u>3/25/55</u>		_____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-27-1955</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Carl Junction Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Carl Junction, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>3-26-55</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. Madeline Stitzer</u>	
REGISTRAR'S SIGNATURE <u>4740</u>		ADDRESS <u>Carl Jct., Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48
490

RECEIVED
MAR 28 1955

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.....
Licensed Embalmer No. 44

P. O. Address.....

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.