

FILED AUG 22 1955

STANDARD CERTIFICATE OF DEATH

State File No. **25783**

BIRTH NO. _____ REG. DIST. NO. **118** PRIMARY REG. DIST. NO. **5438** Registrar's No. **27**

1. PLACE OF DEATH a. COUNTY Gasconade b. CITY (If outside corporate limits, write RURAL and give township) OR Town Rural Brush Creek c. LENGTH OF STAY (in this place) 65 yrs d. FULL NAME OF HOSPITAL OR INSTITUTION Farm Home		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gasconade c. CITY OR TOWN Owensville d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒ e. STREET ADDRESS (If rural, give location) Owensville Route 3	
3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) Adolph c. (Last) Brandenburger		4. DATE OF DEATH (Month) (Day) (Year) Aug. 11, 1955	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Dec. 30, 1873
9. AGE (In years last birthday) 81		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and State or Foreign Country) Osage County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Adolph Brandenburger		13b. MOTHER'S MAIDEN NAME Christina Niebruegge	
14. NAME OF HUSBAND OR WIFE Mary Simpson Brandenburger		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Louis Brandenburger	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterial Sclerotic Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General Arterial Sclerosis DUE TO (c) Senility 4200 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Essential Hypertension	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES ☐ NO ☒		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) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from June 24, 1953, to Aug 11, 1955, that I last saw the deceased alive on Aug 11, 1955, and that death occurred at 4:20 p. m., from the causes and on the date stated above.	
23a. SIGNATURE (Deputy or Title) Charles Schmidt		23b. ADDRESS General	
23c. DATE SIGNED 8-12-55		24a. BURIAL, CREMATION, REMOVAL (Specify) burial	
24b. DATE 8-14-1955		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	
24d. LOCATION (City, town, or county) (State) Oak Hill, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Walter Owensville	
DATE REC'D BY LOCAL REG. August 13, 1955		REGISTRAR'S SIGNATURE Mrs. Marion Ingham	

(Licensed Embalmer's Statement on Reverse Side)

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 me....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Marjorie H. H. W......

Licensed Embalmer No. 88

P. O. Address OWEN S.

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.