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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 7 1955

State File No. **32631**

BIRTH NO. _____ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017** Registrar's No. **109**

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, write RURAL and give township) Boonville		c. LENGTH OF STAY (in this place) 5 wks	c. CITY OR TOWN
d. FULL NAME OF HOSPITAL OR INSTITUTION Haase Convalescent Home		e. STREET ADDRESS (If rural, give location) RFD Bunceton, Missouri	

3. NAME OF DECEASED (Type or Print)	a. (First) LAURA	b. (Middle) MARGARET	c. (Last) BRANDES	4. DATE OF DEATH (Month) (Day) (Year) Nov. 4, 1955
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Oct. 1, 1880	9. AGE (In years last birthday) Months Days Hours Min. 75
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (City and State or Foreign Country) Cooper County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Martin Hoerl	13b. MOTHER'S MAIDEN NAME Ida Selck	14. NAME OF HUSBAND OR WIFE John A. Brandes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Carl Hein RFD Bunceton, Mo.

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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) gangrene of both legs		INTERVAL BETWEEN ONSET AND DEATH 4 months
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) endarteritis obliterans diabetes mellitus		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION operation refused	

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 **Sept 15, 1955** to **Nov 4, 1955**, that I last saw the deceased alive on **Nov 4, 1955**, and that death occurred at **7 1/2 m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) (Address) Stella Ravensway MD Boonville Mo	23b. DATE SIGNED Nov 5		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Nov 6/1955	24c. NAME OF CEMETERY OR CREMATORY Zion Lutheran Cem.	24d. LOCATION (City, town, or county) (State) RFD Bunceton, Missouri

DATE REC'D BY LOCAL REG. 11/5/55	REGISTRAR'S SIGNATURE Hooper 381	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS B. W. Shaker Boonville Mo
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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.....
Signature of Student Embalmer

Signed, *Perry W. Shacker*.....

Licensed Embalmer No. *39*.....

P. O. Address *Bonham*.....

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.