

FILED MAY 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15934

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>100</u>		PRIMARY REG. DIST. NO. <u>3018</u>		Registrar's No. <u>34</u>	
1. PLACE OF DEATH a. COUNTY <u>Dent County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salem, Missouri</u>		c. LENGTH OF STAY (in this place) <u>21 yrs</u>		c. CITY OR TOWN <u>Salem</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mosley Nursing Home</u>				e. STREET ADDRESS (If rural, give location) <u>5th st</u> <u>023 1/2</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Margaret</u> b. (Middle) <u>Francis</u> c. (Last) <u>Brandon</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 8 1956</u>				
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Mar 14 1880</u>		9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Christian Co Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S</u>	
13a. FATHER'S NAME <u>David McWard</u>			13b. MOTHER'S MAIDEN NAME <u>Ellen Holmes</u>		14. NAME OF HUSBAND OR WIFE <u>Walter Brandon</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>X</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>David McWard Carlinville Ill</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Cerebral Arteriosclerosis</u> 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.					INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331x</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <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>1853</u> , to <u>May</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>May 7</u> , 19 <u>56</u> , and that death occurred at <u>3 P</u> m., from the <u>causes</u> and on the date stated above.							
23a. SIGNATURE <u>Ray E. Witherspoon M.D.</u>				23b. ADDRESS <u>Saline, Mo.</u>		23c. DATE SIGNED <u>5/9/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>May 10-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Taylorville Ill</u>	
DATE REC'D BY LOCAL REG. <u>5/9/56</u>		REGISTRAR'S SIGNATURE <u>Ray E. Witherspoon</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. R. Johnson</u>		ADDRESS <u>Saline Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Student.....
Signature of Student Embalmer

Signed.....
Carl H. Spencer

Licensed Embalmer No. *295*

P. O. Address *Salem*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.