

FILED JUL 13 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19865

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>58</u>		PRIMARY REG. DIST. NO. <u>4090</u>		Registrar's No. <u>26</u>	
1. PLACE OF DEATH a. COUNTY <u>Carter</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Carter</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hunter</u>		c. LENGTH OF STAY (in this place) <u>5 yrs.</u>		c. CITY OR TOWN <u>Hunter</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>Hunter</u>				e. STREET ADDRESS (If rural, give location) <u>Hunter</u> <u>0180</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>OTTO</u>		b. (Middle) <u>Bertain</u>		c. (Last) <u>BRANDT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June</u> <u>26</u> <u>1956</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>Aug 16, 1876</u>	
9. AGE (in years last birthday) <u>79</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>10</u>		IF UNDER 18 HRS. Hours <u>10</u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BAKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BAKERY</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Olney Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>CHARLES BRANDT</u>		13b. MOTHER'S MAIDEN NAME <u>LOUISA FIEBARTH</u>		14. NAME OF HUSBAND OR WIFE <u>C.W. BRANDT</u> <u>Hunter Mo</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>C.W. BRANDT</u> <u>Hunter Mo</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>Circulatory Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Heart Prostration</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>9319</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>46</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) <u>018</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dead on RR 6 VA1</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>11:00 AM</u> , and that death occurred at <u>11:00 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Coleman McSpadden</u>		(Deputy or title) <u>Coroner</u>		23b. ADDRESS <u>Van Buren Mo</u>		23c. DATE SIGNED <u>6-27-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-27-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hunter Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hunter, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>July 11-56</u>		REGISTRAR'S SIGNATURE <u>Mrs Oeta Henson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Coleman McSpadden</u>		ADDRESS <u>Van Buren Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
*Allen C. McSpencer*

Licensed Embalmer No.....454

P. O. Address.....Van Buren

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.