

FILED AUG 6 - 1956

## STANDARD CERTIFICATE OF DEATH

State File No. 23322

BIRTH NO. _____		REG. DIST. NO. <u>119</u>		PRIMARY REG. DIST. NO. <u>5435</u>		Registrar's No. <u>28</u>	
1. PLACE OF DEATH a. COUNTY <u>Gasconade</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Boeuf Twp.</u> c. LENGTH OF STAY (in this place) <u>66 yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Farm Home</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u> c. CITY OR TOWN <u>Drake</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>Owensville, Mo. Rt. 0370</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henrietta</u> b. (Middle) <u>Louise</u> c. (Last) <u>Brandt</u>				4. DATE OF DEATH <u>July 3, 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>Feb. 20, 1868</u>	
9. AGE (in years last birthday) <u>88</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Red Oak, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Herman Ahle</u>		13b. MOTHER'S MAIDEN NAME <u>Henrietta Klemme</u>		14. NAME OF HUSBAND OR WIFE <u>August Brandt</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>Elsie Brandt</u> ADDRESS <u>4 N. Kingshighway St. Louis, 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>Myocarditis due to arteriosclerotic heart disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		4200		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>Jan. 10, 1946</u> , to <u>July 3, 1956</u> , that I last saw the deceased alive on <u>July 3, 1956</u> , and that death occurred at <u>7:20 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Ralph Berg</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>3203 S Grand</u>		23c. DATE SIGNED <u>7/4/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>7-6-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Methodist Cemetery - Drake, Mo.</u>		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. <u>7/6/56</u>		REGISTRAR'S SIGNATURE <u>Delma Gerken</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Myrlford W. H. Winter</u> ADDRESS <u>OWENSVILLE</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.....  
Michael H. N. Smith

Licensed Embalmer No. 38

P. O. Address OWEN

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.