

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 25947

BIRTH NO. _____		REG. DIST. NO. <u>14</u>	PRIMARY REG. DIST. NO. <u>4028</u>	Registrar's No. <u>11</u>
1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberal</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberal</u> <u>060</u>		
c. LENGTH OF STAY (In this place) <u>all</u>		d. STREET ADDRESS (If rural, give location) <u>city</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Liberal</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ethel</u>		b. (Middle) <u>May</u>		c. (Last) <u>Brand</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>August 20, 1956</u>				
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 5, 1897</u>	9. AGE (In years last birthday) <u>59</u>
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>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John Finley</u>		13b. MOTHER'S MAIDEN NAME <u>Louisa Wilson</u>	14. NAME OF HUSBAND OR WIFE <u>Charles Brand</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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Charles Brand Liberal, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Transition & Circulatory Failure</u> ANTECEDENT CAUSES <u>Metastatic Carcinomatosis of Liver & Colon</u> DUE TO (b) _____ DUE TO (c) <u>Adenocarcinoma of Rectum</u> II. OTHER SIGNIFICANT CONDITIONS <u>Had Colostomy performed in May 55. - Arteriosclerosis.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u> <u>8 Mos.</u> <u>15 Mos.</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		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) _____	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>Sept. 13, 1952</u> to <u>Aug. 20, 1956</u> , that I last saw the deceased alive on <u>Aug. 20, 1956</u> , and that death occurred at <u>4:07 A.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>M.H. Kneeland, D.O.</u>		23b. ADDRESS <u>Liberal, Mo.</u>		23c. DATE SIGNED <u>8-20-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-23-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Santha</u>	24d. LOCATION (City, town, or county) (State) <u>Liberal, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>August 21, 1956</u>	REGISTRAR'S SIGNATURE <u>Charlotte McDowell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J.M. Berkey</u> ADDRESS <u>Mulberry, Kan.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 30 1956

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
Student Embalmer

Signed

J. M. Berkeley

Licensed Embalmer No. *2336*

P. O. Address *Mulberry, Kansas*

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 this body is not embalmed, fact should be so stated above.