

FILED NOV 30 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38425

State File No.

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

| | | | | | | | |
|--|--|---|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>156</u> | | PRIMARY REG. DIST. NO. <u>2001</u> | | Registrar's No. <u>507</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Jasper</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u> | | c. LENGTH OF STAY (in this place) <u>70 yrs.</u> | | c. CITY OR TOWN <u>Joplin</u> | | d. 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>Hope Manor Rest Home</u> | | | | STREET ADDRESS (If rural, give location) <u>401 East 5th</u> <u>0490</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Nora</u> | | b. (Middle) <u>Alice</u> | | c. (Last) <u>Brandt</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>11-11-1956</u> | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | | 8. DATE OF BIRTH <u>9-11-1863</u> | |
| 9. AGE (In years last birthday) <u>93</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 24 HRS. Hours _____ Mins. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work for most of working life, or if retired) <u> stenographer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Insurance Brokerage</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Green Castle, Ind</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> | |
| 13a. FATHER'S NAME <u>Oliver Brandt</u> | | 13b. MOTHER'S MAIDEN NAME <u>Belle Holman</u> | | 14. NAME OF HUSBAND OR WIFE _____ | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. R.L. Adams 1406 W. 50th Kansas City 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> cerebral hemorrhage of anterior lobe</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Anteromedullary hemorrhage - 5 years</u> DUE TO (c) <u>senility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture of wrist</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u> <u>2 years</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) (Min) _____ | |
| 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11 A m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Luvin H. Ferguson M.D.</u> | | | | 23b. ADDRESS <u>827 Third St. Joplin Mo</u> | | 23c. DATE SIGNED <u>11-14-56</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>11-14-1956</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hills Cem</u> | | 24d. LOCATION (City, town, or county) (State) <u>Green Castle Indiana</u> | |
| DATE REC'D BY LOCAL REG. <u>11-21-56</u> | | REGISTRAR'S SIGNATURE <u>Noel Merriman</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Shambico Dutton</u> | | ADDRESS <u>Joplin Mo</u> | |

County of ...
Date Filed NOV 27 1955
56-11-429

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 David Nelson.....

Licensed Embalmer No. 3898

P. O. Address Joplin Mo.

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.