

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38993**

FILED NOV 27 1958

BIRTH NO. _____ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **213**

1. PLACE OF DEATH a. COUNTY PHELPS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CRAWFORD	
b. CITY (If outside corporate limits, write RURAL and give town) ROLLA		c. CITY OR TOWN STEELEVILLE	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 18 DAYS		e. STREET ADDRESS (If rural, give location) 2281	
d. FULL NAME OF HOSPITAL OR INSTITUTION PHELPS Co. MEMORIAL HOSP.			

3. NAME OF DECEASED (Type or Print)	a. (First) EVA	b. (Middle) ISABELLE	c. (Last) BRAND	4. DATE OF DEATH (Month) (Day) (Year) NOV. 10-1956
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH DEC. 3-1879	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and State or Foreign Country) CRAWFORD COUNTY, MO. USA	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME ROBERT B. WOOD	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE LOUIS F. BRAND
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME MRS. DORA RICHARDSON	ADDRESS STEELEVILLE, MO.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho Pneumonia.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fracture neck left femur DUE TO (c) Arteriosclerosis heart disease with coronary sclerosis		

19a. DATE OF OPERATION 11-5-56	19b. MAJOR FINDINGS OF OPERATION Commenced fracture upper 1/3 L. femur	9040 21	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY TOWN, OR TOWNSHIP) (COUNTY) (STATE) Steeleville 028 MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10 23 1956 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell in yard
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22. I hereby certify that I attended the deceased from **10-24**, 19**56**, to **11-10**, 19**56**, that I last saw the deceased alive on **11-10**, 19**56** and that death occurred at **11:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Wm R. Stoll (Degree or title) MD	23b. ADDRESS Rolla Mo.	23c. DATE SIGNED 11-10-56
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) BURIAL	24b. DATE NOV 12-1956	24c. NAME OF CEMETERY OR CREMATORY PLEASANT POINT CEMETERY	24d. LOCATION (City, town, or county) (State) CRAWFORD COUNTY, MO.
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DATE REC'D BY LOCAL REG. Nov. 21, 1956	REGISTRAR'S SIGNATURE Nadine L. Stoll	25. FUNERAL DIRECTOR'S SIGNATURE Thomas S. Hubert	ADDRESS STEELEVILLE, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Phelps County Health Officer,

County File Number 577

Date Filed NOV. 26 1966

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 Thomas S. Albert

Licensed Embalmer No. 433

P. O. Address STEELEVILLE,

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.