

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3980

FILED FEB 18 1957

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 5786 Registrar's No. 138

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rural - Randal TWP</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Cape Girardeau</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Family Home</b>			Length of stay in 1b <b>3Yrs</b>		d. STREET ADDRESS (If outside, give location) <b>Cape Girardeau Rt # 1</b>		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>Louise M. Brand</b>				4. DATE OF DEATH Month Day Year <b>Feb. 8, 1957</b>				
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Dec. 18, 1871</b>		9. AGE (In years last birthday) <b>85</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>20</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and state or country) <b>Cape Girardeau County Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13. FATHER'S NAME <b>Louis Frits</b>				14. MOTHER'S MAIDEN NAME <b>Magdaline Ketterer</b>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>Albert Hutters Cape Girardeau Rt# 1</b>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Artero sclerotic Heart Disease</b>							INTERVAL BETWEEN ONSET AND DEATH <b>2 Years</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Generalized Arteriosclerosis</b>							<b>5 Years</b>	
DUE TO (c) _____								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>4260</b>					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.								
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from <b>6-2-53</b> to <b>2-8-57</b> and last saw her alive on <b>2-8-57</b> Death occurred at <b>9.00P.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Deedee or title) <i>W. O. Keough</i> <b>6</b>				22b. ADDRESS <b>24 N. Sprigg Cape Girardeau, Mo.</b>		22c. DATE SIGNED <b>Feb. 11-57</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Feb. 10, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Fairmont</b>		23d. LOCATION (City, town, or county) (State) <b>Cape Girardeau Missouri</b>			
24. FUNERAL DIRECTOR ADDRESS <b>Brinkopf Howell Cape Girardeau, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>2-14-1957</b>		26. REGISTRAR'S SIGNATURE <i>W. C. Summers</i>			

(Licensed Embalmer's Statement on Reverse Side)

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diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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Cape Girardeau Missouri Cape Girardeau  
 X Cape Girardeau X Rural - Rural -  
 X Cape Girardeau Rt # 1 Yrs Family Home  
 Louise  
 M. Brand  
 Dec. 18, 1871 X W F  
 Cape Girardeau County U.S.A. Home House Wife  
 Madeline Ketterer Louis Fritz  
 Albert Hutera Cape Girardeau Rt # 1 None No

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-  
 Generalized arteriosclerosis  
 by me, or by ..... Student Embalmer No. ....  
 X working under my personal supervision..

Student .....  
 Signature of Student Embalmer

Signed *Neil W. Grosshede*  
 Licensed Embalmer No. 49

P. O. Address Cape Girardeau  
 900 P.M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.

Brintkop Howell Cape Girardeau, Mo.