

pt. Health,
, & Welfare
S. Public
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Y. S. 300
ev. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38927
STATE FILE NUMBER

FILED NOV 12 1957

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 200

| | | | | | |
|--|-------------------------------|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Vernon</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u> | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Nevada</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Walker</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Nevada Hospital</u> | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) <u>RFD</u> | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>George</u> Middle <u>(none)</u> Last <u>Brandt</u> | | | 4. DATE OF DEATH Month <u>October</u> Day <u>25</u> Year <u>1957</u> | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>Wh</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>August 8, 1889</u> | 9. AGE (In years last birthday) <u>68</u> | IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u> | 11. BIRTHPLACE (City and state or country) <u>Walker, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
| 13a. FATHER'S NAME <u>Fredrick Brandt</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Smith</u> | | 14. NAME OF HUSBAND OR WIFE <u>Richard</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>WWI</u> | | 16. SOCIAL SECURITY NO. <u>486-42-2627</u> | 17. INFORMANT <u>Fredrick Brandt, Richards, Missouri</u> | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u> | | | | | 2 |
| DUE TO (c) <u>Arteriosclerotic heart disease</u> | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal-disease condition given in PART I (a) <u>4200</u> | | | | | |
| 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.) | | | |
| 20c. TIME OF INJURY Hour <u>7:45</u> 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 <u>Jan. 3, 1956</u> to <u>Oct. 25, 1957</u> and last saw ^{him} alive on <u>Oct. 25, 1957</u> . Death occurred at <u>Nevada, Mo.</u> <u>7:45 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <u>L. J. McCann, M.D.</u> | | | 22b. ADDRESS <u>Moore Bldg., Nevada, Missouri</u> | | 22c. DATE SIGNED <u>11-2-57</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>1957</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Vernon Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>Vernon County, Missouri</u> |
| 24. FUNERAL DIRECTOR <u>Ferry Funeral Home Nevada, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>11-8-57</u> | | 26. REGISTRAR'S SIGNATURE <u>Anna J. Ferry</u> | |

(Licensed Embalmer's Statement on Reverse Side)

NOV 13 1957

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 *L. Douglas Ferry*

Licensed Embalmer No. *4960*

P. O. Address *Nevalan, 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.