

FILED FEB 5 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

792

STATE FILE NUMBER

Registration District No. 114 Primary Registration District No. 4186 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CRAWFORD</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SULLIVAN</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>STAR ROUTE</u> <u>BOURBON</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>NORTHSIDE</u>		Length of stay in lb <u>1 WK</u>	d. STREET ADDRESS (If outside, give location) <u>DOLLY DALE FARM</u>
			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>CHARLES</u> Middle <u>PETER</u> Last <u>BRANDLE</u>			4. DATE OF DEATH Month <u>JAN.</u> Day <u>30</u> Year <u>1958</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>APRIL 5 1872</u>		9. AGE (In years last birthday) <u>85</u> IF UNDER 1 YEAR: Months <u>9</u> IF UNDER 24 HRS.: Days <u>9</u> Hours <u>9</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INSPECTOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SANITATION</u>		11. BIRTHPLACE (City and state or country) <u>MARSEILLES, ILL.</u>	
13a. FATHER'S NAME <u>RUDOLPH BRANDLE</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>BELLE KELLER</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. <u>NONE</u>	17. INFORMANT <u>TED BRANDLE</u> Address <u>BOURBON, MO.</u>	
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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>Cerebral thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>General arteriosclerosis</u> DUE TO (c) <u>hypertension</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
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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.) <u>332X</u>		
20c. TIME OF INJURY Hour <u>6:45A</u> Month, Day, Year <u>1/30/58</u>					

20d. INJURY OCCURRED WHILE AT WORK <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 <u>SULLIVAN</u> COUNTY <u>MO.</u> STATE <u>MO.</u>	
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21. I attended the deceased from 10/18/49 to 1/30/58 and last saw him alive on 1/29/58
Death occurred at 6145A on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>detatare md</u> (Degree or title)		22b. ADDRESS <u>SULLIVAN, MO.</u>		22c. DATE SIGNED <u>1/30/58</u>	
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>FEB. 1, 1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>S.O.O.F. MEMORIAL CEM</u>		23d. LOCATION (City, town, or county) (State) <u>SULLIVAN MO.</u>	
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24. FUNERAL DIRECTOR <u>H. Meaton Sullivan, Mo.</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>2-1-1958</u>		26. REGISTRAR'S SIGNATURE <u>Thomas G. Ampley</u>	
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JAN 9 1959

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 HARRISON W. EATON, Student Embalmer No. 555 working under my personal supervision.

Student Harrison W. Eaton
Signature of Student Embalmer

Signed Harrison W. Eaton

Licensed Embalmer No. 4192
P. O. Address Sullivan, 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.