

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-031659

STATE FILE NUMBER

FILED SEP 23 1958 Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 129

1. PLACE OF DEATH a. COUNTY <b>BARRY</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>BARRY</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN <b>MONETT</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Cassville, RFD</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>BLACK REST HOME</b>			Length of stay in 1b <b>10 Mo.</b>	d. STREET ADDRESS (If outside, give location) <b>5 mi. S-E of casabille</b>			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>ISABELL</b> First <b>BRANDT</b> Middle <b>BRANDT</b> Last				4. DATE OF DEATH Month <b>Sept.</b> Day <b>15</b> Year <b>58</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>April 2, 1861</b>		9. AGE (In years last birthday) <b>97</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home keeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and state or country) <b>Andrew Co., Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Jim Brandt</b>				14. MOTHER'S MAIDEN NAME <b>Caroline Pyburn</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 <b>Amon Brandt, Cassville R.F.D. Mo.</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>ARTERIOSCLEROTIC CARDIO VASCULAR RENAL DISEASE.</b>							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (b) _____
DUE TO (c) _____							<b>442X</b>
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"/> <b>2</b>
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 _____ a. m. _____ p. m. _____							
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		COUNTY	STATE
21. I attended the deceased from <b>7-3-1958</b> to <b>9-15-1958</b> and last saw her/him alive on <b>9-15-58</b> Death occurred at <b>10:30 A.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>Robert P. Taylor M.D.</b> (Degree or title)					22b. ADDRESS <b>Monett, Missouri</b>		22c. DATE SIGNED <b>9-19-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)		
<b>Burial</b>		<b>9-18-58</b>	<b>Corinth Cemetery</b>		<b>Barry Co., Missouri</b>		
24. FUNERAL DIRECTOR <b>Doyle E. Williamson, Cassville</b>				ADDRESS	25. DATE RECD. BY LOCAL REG. <b>9-20-58</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. P. N. Cook</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health, & Welfare Public Service 0051 4 300 1-56  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. Coroner cannot certify to a death due to natural causes. All diseases in Part I must be causally related.

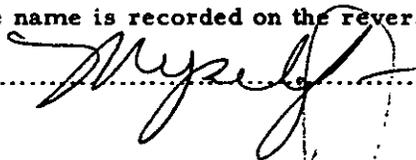
BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

NO. 958-191

DATE REC. 9-22-58

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 W. E. Willemssen

Licensed Embalmer No. 488

P. O. Address Cassville

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.