

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-004166  
STATE FILE NUMBER

FILED JAN 26 1959

Registration District No. 381 Primary Registration District No. 6180 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY Sullivan			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Sullivan		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Morris Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Milan		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 12 mi. S. Green City Life		Length of stay in 1b	d. STREET ADDRESS 12 mi. S. Green City		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Bradley Aaron Brantner			4. DATE OF DEATH Month Day Year Jan. 18, 1959		
5. SEX Male <sup>c</sup>	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 11, 1955		9. AGE (In years last birthday) 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Kirksville, Mo. <sup>c</sup>		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Ronald Douglas Brantner Sr.		13b. MOTHER'S MAIDEN NAME Phyllis C. Branstetter		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, not unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Ronald Brantner Sr., Milan, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Suffocation + Body Burn					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) _____					9160
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 checked="" 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.) Home destroyed by fire, Body Burn beyond recognition			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home No. H. 129 R. 4			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Milan		COUNTY Sullivan	STATE Mo
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 10 PM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE E. W. Simpson, D.O.			22b. ADDRESS M. Lane - Mo.		22c. DATE SIGNED 1-19-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-31-1959	23c. NAME OF CEMETERY OR CREMATORY Price Cemetery		23d. LOCATION (City, town, or county) (State) Linn Co., Mo.
24. FUNERAL DIRECTOR Glen E. Kentler, Green City, Mo.		ADDRESS Green City, Mo.	25. DATE RECD. BY LOCAL REG. 1-23-59	26. REGISTRAR'S SIGNATURE Mrs. M. W. Beckett	

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

1959  
FEB 9

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 *Karl P. Kent* .....

Licensed Embalmer No. *4689* .....

P. O. Address *Green City, 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.