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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-008968
STATE FILE NUMBER

FILED MAR 19 1959 Registration District No. 114 Primary Registration District No. 4186 Registrar's No. 10

1. PLACE OF DEATH
a. COUNTY Franklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sullivan — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fox Nursing Home — Length of stay in Ib

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Crawford
c. CITY OR TOWN Leasburg — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS — (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Simon Middle Peter Last Brand

4. DATE OF DEATH Month Mar Day 14 Year 1959

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Aug 6, 1866
9. AGE (In years last birthday) 92 — IF UNDER 1 YEAR: Months 7 Days 8 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Anderson, Indiana
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME John Sheridan Brand
13b. MOTHER'S MAIDEN NAME Barbara Smith
14. NAME OF HUSBAND OR WIFE UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Simon Peter Brand Address The Deceased

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 10 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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) General infirmities of old age. 4200
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Dec 13, 1956, to Dec 15, 1956 and last saw him alive on Dec 15 1956
Death occurred at 5:15 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ronald H. Scott (Degree or title) DO
22b. ADDRESS Sullivan, Mo
22c. DATE SIGNED 3/4/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE MARCH 16, 1959
23c. NAME OF CEMETERY OR CREMATORY Fox Cemetery
23d. LOCATION (City, town, or county) Leasburg (State) Mo.

24. FUNERAL DIRECTOR Paul A. Franklin ADDRESS Cuba, Mo.
25. DATE RECD. BY LOCAL REG. 3/25/59
26. REGISTRAR'S SIGNATURE Thomas A. Humphrey

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MAR 31 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 ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Paul A. Franklin

Licensed Embalmer No. 3472

P. O. Address Cuba, 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.