

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-010224  
STATE FILE NUMBER

FILED MAR 30 1959 Registration District No. 231 Primary Registration District No. 4346 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <b>Montgomery</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> <b>Montgomery</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Montgomery City Mo</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Montgomery City Mo</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home</b>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <b>Nne</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Grace</b> Middle <b>Brandt</b> Last <b>Mellard</b>			4. DATE OF DEATH Month <b>3</b> Day <b>24</b> Year <b>59</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>II-15-1898</b>	9. AGE (In years last birthday) <b>60</b>	10. UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	11. UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Montgomery City Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A</b>
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13a. FATHER'S NAME <b>Solon Brandt</b>	13b. MOTHER'S MAIDEN NAME <b>Anna Sharp</b>	14. NAME OF HUSBAND OR WIFE <b>George Mellard</b>
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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>no</b>	17. INFORMANT <b>George Mellard Montgomery City Mo</b> Address
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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) <b>Cerebral Hemorrhage (left)</b> <b>Depth Hemiplegia</b> <b>Generalized Arteriosclerosis -</b> <b>Primary Bladder + Uterus</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Pulmonary Edema + Hemorrhage</b> DUE TO (c) <b>if Anemia and Peritonitis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 hours</b> <b>2 years</b> <b>10 hours</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>1810</b>		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.) <b>no</b>
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20c. TIME OF INJURY Hour <b>no</b> Month <b>no</b> Day <b>no</b> Year <b>no</b> a.m. <b>no</b> p.m. <b>no</b>	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.) <b>no</b>	20f. CITY, TOWN, OR LOCATION <b>no</b>	COUNTY <b>no</b>	STATE <b>no</b>
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21. I attended the deceased from <b>9-7-38</b> , to <b>3-24-59</b> and last saw <sup>her</sup> alive on <b>3-24-59</b> Death occurred at <b>11:30 P.</b> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <b>E. J. T. Andersen, M. D.</b>	22b. ADDRESS <b>Montgomery City, Mo</b>	22c. DATE SIGNED <b>3/26/59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>3-26-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Montgomery City Cemetery</b>	23d. LOCATION (City, town, or country) (State) <b>Montgomery City, Mo.</b>
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24. FUNERAL DIRECTOR <b>C. W. Stephens</b>	ADDRESS <b>MONTGOMERY CITY MO</b>	25. DATE RECD. BY LOCAL REG. <b>3-27-59</b>	26. REGISTRAR'S SIGNATURE <b>Spura B Callaway</b>
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300  
-57

1959 I 1037

MAY 4 1959

APR 8 1959

APR 1 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, ~~XXXX~~ on the 24 th day of March 1959, Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *C. W. Hopkins* .....  
C. W. Hopkins

Licensed Embalmer No. 1487  
Montgomery City Mo  
P. O. Address .....

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.

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