URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 7 1959

59-039414

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 336

MENDED

1. PLACE OF DEATH
a. COUNTY Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City, Mo. Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Marys Hospital Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cole
c. CITY OR TOWN Jefferson City, Mo. Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R. R. # 3 Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First WERNER Middle HENRY Last BRAND

4. DATE OF DEATH Month NOV. Day 28, Year 1959

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 3/16/20
9. AGE (last birthday) 39
IF UNDER 1 YEAR Months 8 Days 12
IF UNDER 24 HR Hours Min.

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

13a. FATHER'S NAME William Brand
13b. MOTHER'S MAIDEN NAME Annie Taube
14. NAME OF HUSBAND OR WIFE Margaret Evers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) War 2
16. SOCIAL SECURITY NO. 495-12-0707
17. INFORMANT Mrs. Margaret Brand Address R#3 J C 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) Cirrhosis liver
INTERVAL BETWEEN ONSET AND DEATH 1-2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Chr. alcoholism
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Localized peritoneal residual peritoneum

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 Nov 15/59, to Nov 25/59 and last saw her/him alive on Nov 25/59
Death occurred at 9:00 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Leon A Taylor M.D
22b. ADDRESS Jefferson City
22c. DATE SIGNED 12-1-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12/1/59
23c. NAME OF CEMETERY OR CREMATORY St. Francis Xavier
23d. LOCATION (City, town, or county) (State) Taos, Mo.

24. FUNERAL DIRECTOR Sylvester Dulle ADDRESS J C MO.
25. DATE RECD. BY LOCAL REG. 2 December 1959
26. REGISTRAR'S SIGNATURE R.P. Dorris, Mo. N Richter Dep

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 8 1959

APR 25 1960

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_____ Signed Sylvester Quille

Signature of Student Embalmer

Licensed Embalmer No. 432

P. O. Address Jefferson Ci

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.