URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–039620
STATE FILE NUMBER

FILED VS NOV 30 1959

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1253

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield
Length of stay in 1b 12 weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hospital
Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Dade
c. CITY OR TOWN Greenfield
Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 407 Maple St
Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Joseph Middle William Last Brand
4. DATE OF DEATH Month Nov. Day 19 Year 1959
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 7-20-1898
9. AGE (last birthday) 61
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Agriculture Instructor
10b. KIND OF BUSINESS OR INDUSTRY V.A. Program
11. BIRTHPLACE (City and state or country) Lamar, Mo.
12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME Amos Brand
13b. MOTHER'S MAIDEN NAME Jennie Payne
14. NAME OF HUSBAND OR WIFE —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W. II
16. SOCIAL SECURITY NO. 500-05-0798
17. INFORMANT Mrs. Blanch Sloan; Address 417 Maple St. Greenfield, Mo.

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) Brain Tumor, Malignant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
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 8-31-59, to 11-19-59 and last saw he/him alive on 11-18-59
Death occurred at 11-19-59, 11:10 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John R. K. Stacy (Degree or title) M.D.
22b. ADDRESS 1636 S. Glenstone 567 Mo.
22c. DATE SIGNED 11-20-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Nov. 21, 1959
23c. NAME OF CEMETERY ~~OR CREMATORY~~ Greenfield Cem.
23d. LOCATION (City, town, or county) (State) Greenfield, Mo.
24. FUNERAL DIRECTOR J. C. Canada; ADDRESS Greenfield, Mo.
25. DATE RECD. BY LOCAL REG. 11-23-59
26. REGISTRAR'S SIGNATURE Effie S. Meeter

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT BY AFFIDAVIT OF

DEC 4 1959

DEC 22 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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed Gene C. Hunter

Signature of Student Embalmer

Licensed Embalmer No. 4739

P. O. Address Sgfd. M

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