

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-009426

FILED VS FEB 23 1960

324

Primary Registration District No. 3072

Registrar's No. 33

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Saline					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall		Length of stay in 1b 1 day		c. CITY OR TOWN Malta Bend		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fitzgibbon hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Rural route No. I		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Mary Middle Eleanor Last Brandon				4. DATE OF DEATH Month February Day 16th Year 1960					
5. SEX Female	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 8-4-1869	9. AGE (last birthday) 90	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home maker			10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (City and state or country) Uniontown, Penn.		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME John Calvin Brandon			13b. MOTHER'S MAIDEN NAME Mary Ewing			14. NAME OF HUSBAND OR WIFE -----			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown); (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Oren Simmons, Malta Bend, 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) <i>Acute Myocardial Failure</i> DUE TO (b) <i>Bilateral Bronchopneumonia</i> DUE TO (c) <i>Influenzae Acute, Sec.</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH <i>36 hrs</i> <i>4 days</i> <i>7 days</i>	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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.)					
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <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.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <i>15 Feb 60</i> to <i>16 Feb 60</i> and last saw her <i>her</i> alive on <i>15 Feb 60</i> Death occurred at <i>8-30 A.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>E. Lee McCorkle MD</i>				22b. ADDRESS <i>Marshall Mo</i>		22c. DATE SIGNED <i>18 Feb 60</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-18-1960	23c. NAME OF CEMETERY OR CREMATORY Salt Springs cemetery		23d. LOCATION (City, town, or county) Saline County Missouri				
24. FUNERAL DIRECTOR Campbell-Lewis, Marshall Mo.				25. DATE RECD. BY LOCAL REG. 2-18-1960		26. REGISTRAR'S SIGNATURE <i>James H. Lewis, Jr. Dep.</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF.

APR 19 1961

MAR 23 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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James A. Lewis

Licensed Embalmer No. 4709
P. O. Address Marshall, W. Va.

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.