SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-012417
STATE FILE NUMBER

AMENDED

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 132

FILED MAY 15 1961

1. PLACE OF DEATH
a. COUNTY Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 215 W. Normal — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Adair
c. CITY OR TOWN Kirksville — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 215 W. Normal — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Charles Middle Last Brandenburg
4. DATE OF DEATH Month May Day 8, Year 1961

5. SEX male
6. COLOR OR RACE white
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH 4/18/1910
9. AGE (last birthday) 51 — 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) Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY Trucking
11. BIRTHPLACE (City and state or country) Randolph Co. Mo.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME William Brandenburg
13b. MOTHER'S MAIDEN NAME Florence Pinkerton
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)
16. SOCIAL SECURITY NO.
17. INFORMANT Address Gertrude Peacock, Kirksville, 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) Medullary Failure — INTERVAL BETWEEN ONSET AND DEATH 5-10 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Chronic cor Pulmonale — weeks.
DUE TO (c) Chronic Tubercular Fibrosis of Lungs — years.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
clinical Cirrhosis of Liver — and Bronchial asthma

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 5-6-61, to 5-8-61 and last saw him alive on 5-6-61
Death occurred at 10:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. C. Madd or DO.
22b. ADDRESS Kirksville (Mo) Osteopathic Hosp.
22c. DATE SIGNED 5-9-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 5/10/61
23c. NAME OF CEMETERY OR CREMATORY Pinkerton Cemetery
23d. LOCATION (City, town, or county) (State) Adair County, Mo.

24. FUNERAL DIRECTOR Davis & Davis ADDRESS Kirksville
25. DATE RECD. BY LOCAL REG. May 12, 1961
26. REGISTRAR'S SIGNATURE Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — DOCUMENT — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF

MAY 16 1967

D.E. MADDOX, D.O.

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 Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address Kirksville, 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.