

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045776
STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. _____ Registrar's No. 390

FILED DEC 18 1961

1. PLACE OF DEATH a. COUNTY PETTIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) ~ a. STATE MO. b. COUNTY PETTIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LAKE CREEK	Length of stay in 1b LIFE	c. CITY OR TOWN MORA	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 miles N.E. MORA, MO.	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4 miles N.E. MORA	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last JOHN DIETRICH BRANDES			4. DATE OF DEATH Month Day Year DEC. 16 1961	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-21-1902	9. AGE (last birthday) 59
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and state or country) MORA, MO	12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME FRED BRANDES		13b. MOTHER'S MAIDEN NAME META KUECK		14. NAME OF HUSBAND OR WIFE HULDA E. BRANDES
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			17. INFORMANT Address HULDA E. BRANDES MORA, MO. RT. 1	

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 Paralysis		INTERVAL BETWEEN ONSET AND DEATH Min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Inanition and Emaciation	-
	DUE TO (c) General Carcinomatosis	Months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinoma of the Sigmoid Colon.		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 checked="" type="checkbox"/> NO <input 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 _____ a.m. _____ p.m. Month, Day, Year _____		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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
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21. I attended the deceased from October 1961 to Dec 16th and last saw him alive on Dec 16th
Death occurred at 12 NOON m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Arturo Gonzalez	22b. ADDRESS Cole Camp Mo.	22c. DATE SIGNED 12-17-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE Dec. 19, 1961	23c. NAME OF CEMETERY OR CREMATORY HOLY CROSS	23d. LOCATION (City, town, or county) (State) BENTON MO.
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24. FUNERAL DIRECTOR ADDRESS CHARLES F. FOX COLE CAMP, MO.	25. DATE RECD. BY LOCAL REG. Dec. 17-1961	26. REGISTRAR'S SIGNATURE Francis Shelby
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DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

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 Charles F. Jof

Licensed Embalmer No. 4610

P. O. Address Palo Alto, Calif.

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.