

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-042398

STATE FILE NUMBER

Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 91

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1045

20450

3

4 0

5 1

6

7 0

8 2

94200

10

11

12 86-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. ~~PLACE OF BIRTH~~ **FILED NOV 27 1962**

a. COUNTY Howard b. CITY (If outside corporate limits, give TOWNSHIP only) Fayette Length of stay in b OR TOWN 15 mo.

c. FULL NAME OF DECEASED (If not in hospital, give location) Westhaven Conv. Home Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Howard

c. CITY OR TOWN Glasgow Inside Limits Yes  No

d. STREET ADDRESS 2<sup>nd</sup> St. Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year

Frederick John BRANDT Nov. 12, 1962

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH July 13, 1867 9. AGE (last birthday) 95

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming 10b. KIND OF BUSINESS OR INDUSTRY General Farming 11. BIRTHPLACE (City and state or country) Dalton Mo 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Henry Brandt 13b. MOTHER'S MAIDEN NAME Ann Feaker 14. NAME OF HUSBAND OR WIFE Emma Nell Brandt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) No 16. SOCIAL SECURITY NO. None 17. INFORMANT Mrs. Fred J. Brandt Address Glasgow 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) Chronic Congestive Heart Failure INTERVAL BETWEEN ONSET AND DEATH unknown

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease unknown

DUE TO (c) \_\_\_\_\_

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 \_\_\_\_\_ Month, Day, Year \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. \_\_\_\_\_

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 Oct 5 1961 to Nov 12 1962 and last saw her alive on October 31 1962 Death occurred at 11:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) \_\_\_\_\_ 22b. ADDRESS [Signature] \_\_\_\_\_ 22c. DATE SIGNED 11-23-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Nov. 15, 1962 23c. NAME OF CEMETERY OR CREMATORY Washington 23d. LOCATION (City, town, or county) Glasgow Mo. (State) \_\_\_\_\_

24. FUNERAL DIRECTOR Freemont Funeral Service ADDRESS Glasgow Mo. 25. DATE RECD. BY LOCAL REG. 11-23-62 26. REGISTRAR'S SIGNATURE Katherine Welch

**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 *E. W. Merriam*

Licensed Embalmer No. 3978

P. O. Address Glasgow, 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.