

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE 042

1000

158

-63-005283

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **FILED FEB 18 1963** Primary Registration District No. Registrar's No.

VS 300  
Rev. 4/59

1 5117  
2 5117  
3  
4 0  
5 2  
6  
7 0  
8 2  
9 4200  
10  
11  
12 86-0  
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Joseph,</b>		Length of stay in 1b. <b>Most of Life</b>	c. CITY OR TOWN <b>St. Joseph,</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Hillside Rest Home</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>519 South 15th Street</b>	
3. NAME OF DECEASED (Type or print) First <b>FRANCIS</b> Middle <b>W.</b> Last <b>BRAND</b>			4. DATE OF DEATH Month <b>February</b> Day <b>9,</b> Year <b>1963</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 23, 1875</b>	9. AGE (last birthday) <b>87</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Plumber</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>F.W. Brand Plumbing &amp; Heating Co.</b>	11. BIRTHPLACE (City and state or country) <b>Pierce City, Mo.</b>	12. CITIZEN OF: WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Alexander Brand</b>		13b. MOTHER'S MAIDEN NAME <b>Jessie McDonald</b>		14. NAME OF HUSBAND OR WIFE <b>Anna Marie Brand</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <b>No</b>		16. SOCIAL SECURITY NO. <b>35</b>	17. INFORMANT <b>Daughter</b> Address: <b>Mrs. Ione Tomlin-St. Joseph, Missouri</b>		
18. CAUSE OF DEATH (Enter only one cause of death) PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiac failure</b>					INTERVAL BETWEEN ONSET AND DEATH <b>dead years</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>AT this sclerotic heart disease</b>					<b>dead years</b>
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. <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 a.m. 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 <b>2-7-63</b> to <b>2-9-63</b> and last saw her/him alive on <b>2-7-63</b> Death occurred at <b>8:30 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>L.W. Ide, M.D.</b>			22b. ADDRESS <b>902 Edward St. Joseph, Mo.</b>		22c. DATE SIGNED <b>2-11-63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Feb. 12, 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Mora Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>St. Joseph, Mo.</b>		
24. FUNERAL DIRECTOR <b>Meierhoffer-Fleeman Inc., St. Joseph, Mo.</b>		ADDRESS	25. DATE RECD. BY LOCAL REG. <b>Feb. 14, 1963</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. Clark Handell</b>	

USE BLACK INK OR TYPEWRITER RIBBON

**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 Raymond H. Hooy

Licensed Embalmer No. 5147

P. O. Address St Joseph Ho

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.