

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-020413
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 248

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) Independence		c. CITY OR TOWN Gashland Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Independence Sanitarium Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3 E. Barry Rd. Reside on Farm Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last ROY V. BRANDENBURG			4. DATE OF DEATH Month Day Year May 25 1963
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 9-10-23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Metal Finisher		10b. KIND OF BUSINESS OR INDUSTRY Ford Motor Company	9. AGE (last birthday) 41
11a. BIRTHPLACE (City and state or country) Welch, Oklahoma		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Bert Brandenburg		13b. MOTHER'S MAIDEN NAME Katherine Krug	14. NAME OF HUSBAND OR WIFE Rosalea Brandenburg
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <input checked="" type="checkbox"/> (If yes, give war or dates of service) WW II		16. SOCIAL SECURITY NO.	
17. INFORMANT Rosalea Brandenburg		Address 3 East Barry Road	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Malignant Lymphoma			INTERVAL BETWEEN ONSET AND DEATH 1 year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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 <u>1962</u> to <u>1963</u> and last saw him alive on <u>5/24/63</u> Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Fred W. Hint, M.D.		22b. ADDRESS Independence, Mo	22c. DATE SIGNED 5-25-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-27-63	23c. NAME OF CEMETERY OR CREMATORY White Chapel Mem. Gardens	23d. LOCATION (City, town, or county) (State) Kansas City North, Mo.
24. FUNERAL DIRECTOR Antioch Chapel Mellody-McGilley-Eylar Funeral Home		25. DATE RECD. BY LOCAL REG. 5-26-63	26. REGISTRAR'S SIGNATURE Alba L. Craig

3325 Vivion Rd.

(Licensed Embalmer's Statement on Reverse Side)

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NO.

Dr. Fred Link

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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

James R. Phillips

Licensed Embalmer No. 4641

P. O. Address K. C. 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.