MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-026863
STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 169

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

FILED JUL 15 1963

1. PLACE OF DEATH
a. COUNTY SCOTT
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SIKESTON — Length of stay in Ib 9 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MO. DELTA COMMUNITY HOSP. — Inside Limits Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY SCOTT
c. CITY OR TOWN ORAN — Inside Limits Yes ☐ No X
d. STREET ADDRESS (If outside, give location) RT. # 1 — Reside on Farm Yes X No ☐

3. NAME OF DECEASED (Type or print) First GEORGIA Middle Lillie Lee Last BRANDY
4. DATE OF DEATH Month 7 Day 5 Year 63
5. SEX FEMALE
6. COLOR OR RACE COLORED
7. Married X Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 12/25/1906
9. AGE (last birthday) 56 — 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY In Own Home
11. BIRTHPLACE (City and state or country) Kemper County, Miss.
12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME Bryantt McCalebb
13b. MOTHER'S MAIDEN NAME Pearly King
14. NAME OF HUSBAND OR WIFE Amos Brandy
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Amos Brandy Address Oran, Mo.

18. CAUSE OF DEATH (Enter only one cause per line) — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CEREBRAL HEMORRHAGE — 12 HRS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ESS. HYPERTENSION
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 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 7.1.63 to 7-5-63 and last saw her alive on 7-5-63
Death occurred at 10:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Carl G. Popp, M.D. (Degree or title)
22b. ADDRESS Sikeston, Mo
22c. DATE SIGNED 7.8.63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 7/9/1963
23c. NAME OF CEMETERY OR CREMATORY McMillan
23d. LOCATION (City, town, or county) Scott County (State) Mo.
24. FUNERAL DIRECTOR Earl J. Smith F. H. ADDRESS Oran, Mo.
25. DATE RECD. BY LOCAL REG. July 11, 1963
26. REGISTRAR'S SIGNATURE Jeanette Waldman
(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	1007		
2	1000		
3			
4	3		
5	1		
6			
7	1		
8	0		
9	331X		
10			
11			
12	1-0		
13	2-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

JUL 18 1963

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_____ Signed_____
Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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.

To Permit issued