

FILED MAY 9 1951

STANDARD CERTIFICATE OF DEATH

State File No.
12900

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 49

0272

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri ; b. COUNTY Moniteau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tipton <u>0680</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph		d. STREET ADDRESS (If rural, give location) No street numbers	

3. NAME OF DECEASED (Type or Print) a. (First) Henry	b. (Middle) C.	c. (Last) Brant	4. DATE OF DEATH 04/28/1951 (Month) (Day) (Year)
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 11/23/1867	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	IF UNDER 60 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Section Foreman	10b. KIND OF BUSINESS OR INDUSTRY Railroad, Retired	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME William Henry Brant	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Margaret Brant (Deceased)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. J.W. Dick (Daughter)	ADDRESS Tipton, Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Deficiency		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION : 4 2 2	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Mar. 15, 1951, to Apr. 20, 1951, that I last saw the deceased alive on Apr. 20, 1951, and that death occurred at 7: P m., from the causes and on the date stated above.

23a. SIGNATURE J. J. Potts, M.D. (Degree or title)	23b. ADDRESS Tipton, Mo	23c. DATE SIGNED 4/30/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4/28/1951	24c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery	24d. LOCATION (City, town, or county) (State) Tipton, Missouri
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DATE REC'D BY LOCAL REG. 4-30-51	REGISTRAR'S SIGNATURE St. Joseph	25. FUNERAL DIRECTOR'S SIGNATURE J. J. Potts	ADDRESS Tipton, Mo
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 5-8-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 5-8-51

7

APR 22 1951

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 _____
Student Embalmer

Signed Jessell F. Richards
Licensed Embalmer No. 2466

P. O. Address Lipton, 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 this body is not embalmed, fact should be so stated above.