

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36467**

BIRTH MO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 428

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

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff ()		c. LENGTH OF STAY (in this place) 1 wk.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Harviell	
		d. STREET ADDRESS (If rural, give location) /	
3. NAME OF DECEASED (Type or Print) a. (First) Lula b. (Middle) Ethel c. (Last) Brigance			4. DATE OF DEATH (Month) (Day) (Year) Nov. 7, 1949
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 20, 1884
		9. AGE (in years last birthday) 65	10. KIND OF BUSINESS OR INDUSTRY housewife
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY housekeeper	11. BIRTHPLACE (State or foreign country) Russelville, Ky.
13a. FATHER'S NAME Lucian Harberson		13b. MOTHER'S MAIDEN NAME Sally Blackburn	12. CITIZEN OF WHAT COUNTRY? U.S.A.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.	14. NAME OF HUSBAND OR WIFE J. A. Brigance
17. INFORMANT'S SIGNATURE OR NAME J. A. Brigance		ADDRESS Harviell, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Embolism		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) _____			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.		420	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Post operative hernia - 10-26-49		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-26-1949, to 11-7, 1949, that I last saw the deceased alive on 11-7, 1949, and that death occurred at 10:34 m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>[Signature]</i>		23b. ADDRESS Poplar Bluff, Mo.	23c. DATE SIGNED 11-18-49
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 11-9-49	24c. NAME OF CEMETERY OR CREMATORY Dexter Cemetery	24d. LOCATION (City, town, or county) (State) Dexter, Missouri
DATE REC'D BY LOCAL REG. Nov 21-1949	REGISTRAR'S SIGNATURE <i>[Signature]</i> 428	25. FUNERAL DIRECTOR'S SIGNATURE Watkins Funeral Ser. ADDRESS Dexter, Mo.	

NOV 28 REC'D
1149-437
BUTLER COUNTY HEALTH DEPARTMENT
POPLAR BLUFF, MISSOURI

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.

Signed Walter Marsh Watkins

Signed _____
Student Embalmer

Licensed Embalmer No. 4717

P. O. Address Dexter, 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.