

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3484

State File No. _____

333

3074

Registrar's No. 11

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____		Registrar's No. 11		
1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>SCOTT</u>						
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>SIKESTON</u>)		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>SIKESTON</u>		1073				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MO COMM DELTA HOSP</u>				d. STREET ADDRESS (If rural, give location) <u>504 N. RANNEY</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELLA</u>			b. (Middle) <u>FLORENCE</u>			c. (Last) <u>BRUTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-1-51</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>SEPT 25, 1875</u>		9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (State or foreign country) <u>STURGEON, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>J.V. KEMPER</u>			13b. MOTHER'S MAIDEN NAME <u>LUCIETTA BERRY</u>			14. NAME OF HUSBAND OR WIFE <u>CLARENCE F. BRUTON</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Kemper Bruton - Memphis Tenn.</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Cardiac Valvular Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Vascular Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>447X</u>							INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs 10 mos</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____		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 <u>4-17</u> , 19 <u>46</u> to <u>1-1</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>1-1</u> , 19 <u>51</u> , and that death occurred at <u>HA</u> m., from the causes and on the date stated above.										
23a. SIGNATURE <u>Kenneth E. M. Clure</u> (Degree or title) _____				23b. ADDRESS <u>Siikeston, Mo</u>				23c. DATE SIGNED <u>1-3-51</u>		
24a. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-2-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u>		24d. LOCATION (City, town, or county) (State) <u>SIKESTON, MO</u>					
DATE REC'D BY LOCAL REG. <u>1-8-51</u>		REGISTRAR'S SIGNATURE <u>Mrs. Ella Kemper</u> <u>427</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wend Funeral Home - Siikeston Mo</u>					

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

503
0

RECORDED JAN 19 1951

RECEIVED JAN 15 1951
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 151-20

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 Raymond Crews.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3467.....

P. O. Address Lekeston M......

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.