

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23828

State File No.

FILED JUL 25 1951

BIRTH NO. _____		REG. DIST. NO. <u>242</u>		PRIMARY REG. DIST. NO. <u>434</u>		Registrar's No. <u>48</u>	
1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Canalou</u>		c. LENGTH OF STAY (In this place) <u>24 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Canalou 0720</u>		d. STREET ADDRESS (If rural, give location) <u>3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>July 6, 1951</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>BERRY</u>		b. (Middle) <u>FRANKLIN</u>		c. (Last) <u>BRANTLEY</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Dec. 9, 1873</u>	
9. AGE (In years last birthday) <u>77</u>		# MONTHS <u>8</u>		# DAYS <u>27</u>		# UNDER 18 RES. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>			11. BIRTHPLACE (State or foreign country) <u>Ottitendon Co., Ky.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Wm. Henry Brantley</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Lucy Elizabeth Brantley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>unk.</u>		16. SOCIAL SECURITY NO. <u>unk.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Elmo Brantley - Canalou, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>3 mos.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Degener. of Leg.</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. <u>atherosclerosis</u>					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4501</u>				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) (Min.)		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>4-6</u> , 19 <u>51</u> , to <u>7-6</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>7-6</u> , 19 <u>51</u> , and that death occurred at <u>12:25 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. M. Sarno, M.D.</u> (Degree or title)				23b. ADDRESS <u>Madhouse, Mo.</u>		23c. DATE SIGNED <u>7-10-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 8, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crowell Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Marion, Ky.</u>	
DATE REC'D BY LOCAL REG. <u>7/14-51</u>		REGISTRAR'S SIGNATURE <u>Thomas M. Sooter</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Warren Shelby</u>		ADDRESS <u>East Prairie</u>	

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

RECEIVED

JUL 23 1951

DISTRICT HEALTH OFFICE No. 6

File No.

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.....

Travis Shelby

Licensed Embalmer No. *2726*

P. O. Address *East Prairie 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.