

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6898**

No. 300
10. 48

FILED FEB 28 1953

BIRTH NO. _____ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 4330 Registrar's No. 11

0671

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

| | | | |
|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Mississippi</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miss.</u> | |
| b. CITY OR TOWN <u>East Prairie</u> | c. LENGTH OF STAY (in this place) <u>40 yrs</u> | c. CITY OR TOWN <u>East Prairie</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u> | | d. STREET ADDRESS (If rural, give location) | |

| | | | | |
|---|------------|-------------|---------------------------|---------------------------------------|
| 3. NAME OF DECEASED (Type or Print) <u>LORENE</u> | a. (First) | b. (Middle) | c. (Last) <u>BRANTLEY</u> | 4. DATE OF DEATH <u>Feb. 14, 1953</u> |
|---|------------|-------------|---------------------------|---------------------------------------|

| | | | | | | | | |
|----------------------|-------------------------------|--|--------------------------------------|---|--------------------------------|------------------------------|----------------------------|---------------------------|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH <u>June 5, 1904</u> | 9. AGE (In years last birthday) <u>48</u> | # UNDER 1 YEAR <u>6</u> Months | # UNDER 4 HRS. <u>9</u> Days | # UNDER 1 MIN. _____ Hours | # UNDER 1 MIN. _____ Min. |
|----------------------|-------------------------------|--|--------------------------------------|---|--------------------------------|------------------------------|----------------------------|---------------------------|

| | | | |
|---|---|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Graves Co., Ky</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|---|---|--|--|

| | | |
|--|--|---|
| 13a. FATHER'S NAME <u>A.B. Harrell</u> | 13b. MOTHER'S MAIDEN NAME <u>Jennie Latham</u> | 14. NAME OF HUSBAND OR WIFE <u>Ben Brantley</u> |
|--|--|---|

| | | | |
|--|-------------------------------------|---|---------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>unk.</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>A.B. Harrell</u> | ADDRESS <u>East Prairie, 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>80 10 yrs</u> |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u> | ANTECEDENT CAUSES | | |
| *This does not mean the mode of dying, such as heart failure, ashenia, 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. <u>002X</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) (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 Feb 1, 1953, to Feb 14, 1953, that I last saw the deceased alive on Feb 19, 1953, and that death occurred at 1:45 P.M., from the causes and on the date stated above.

| | | |
|---|-------------------------------------|---------------------------------|
| 23a. SIGNATURE <u>B Martin MD</u> (Degree or title) | 23b. ADDRESS <u>East Prairie Mo</u> | 23c. DATE SIGNED <u>2-17-53</u> |
|---|-------------------------------------|---------------------------------|

| | | | |
|---|-------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Feb 16, 1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood</u> | 24d. LOCATION (City, town, or county) (State) <u>Miss. Co., Mo.</u> |
|---|-------------------------------|---|---|

| | | | |
|---|---|--|-----------------------------|
| DATE REC'D BY LOCAL REG. <u>2-24-53</u> | REGISTRAR'S SIGNATURE <u>Gertrude L. Harper</u> | 25. GENERAL DIRECTOR'S SIGNATURE <u>Marie Shelby</u> | ADDRESS <u>East Prairie</u> |
|---|---|--|-----------------------------|

(Licensed Embalmer's Statement on Reverse Side)

FEB 25 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed FEB 27 1953

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.