

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36710

State File No.

FILED OCT 27 1953

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 145

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</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 OR TOWN <u>Hayti</u>	c. LENGTH OF STAY (in this place) <u>6 days</u>	c. CITY OR TOWN <u>Portageville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pemiscot County Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>215 First</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LEE</u>	b. (Middle) <u>NORA</u>	c. (Last) <u>BRIGANCE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>October 12, 1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 6, 1894</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months	IF UNDER 14 HRS. Days	Hours	Min.
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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>-</u>	11. BIRTHPLACE (State or foreign country) <u>TENNESSEE</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>WILEY M. BECTON</u>	13b. MOTHER'S MAIDEN NAME <u>SUSAN HALLIBURTON</u>	14. NAME OF HUSBAND OR WIFE <u>John W. Brigance</u>
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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>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Helma Perry</u>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 minutes</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac Failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) <u>Acute Cardiac dilatation 6 days</u>	
		DUE TO (c) <u>Chr. interstitial myocarditis</u>	<u>?</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	<u>Amebiasis</u>	<u>?</u>

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>4/222</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>Hayti Pemiscot Mo</u>
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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 10-6- 1953, to 10-12- 1953, that I last saw the deceased alive on 10-12, 1953, and that death occurred at 11:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. W. Cook</u>	(Name or title) <u>M.D.</u>	23b. ADDRESS <u>Caruthersville Mo</u>	23c. DATE SIGNED <u>10-12-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>10-15-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Dyersburg, Tenn</u>
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DATE REC'D BY LOCAL REG. <u>10-19-53</u>	REGISTRAR'S SIGNATURE <u>John W. Herman</u>	406-	25. FUNERAL DIRECTOR'S SIGNATURE <u>DeLisle Funeral Parlor</u>	ADDRESS <u>Portageville, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

10-335-53

PEMISCOT COUNTY HEALTH DEPARTMENT

COURTHOUSE PHONE 79

CARUTHERSVILLE, MO.

OCT 24 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Joseph A. LeFell

Signed.....
Student Embalmer

Licensed Embalmer No. *4481*

P. O. Address *Portageville 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.