

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38372**

FILED NOV 18 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **2007** Registrar's No. **456**

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

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Butler</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Brandon Hosp.</b>		d. STREET ADDRESS (If rural, give location) <b>985 Kinzler St.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Lena</b> b. (Middle) <b>Belle</b> c. (Last) <b>Brickell</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 30, 1953</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 3, 1879</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min. <b>74 7 27</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Poplar Bluff, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>

13a. FATHER'S NAME <b>J.F. Stringfellow</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy Ann Morrow</b>		14. NAME OF HUSBAND OR WIFE <b>Harve Brickell</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Frankie Fraser Poplar Bluff, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Intestinal Obstruction</b> Spontaneous hemorrhage upper intestinal tract, cause undetermined DUE TO (b) <b>Pulmonary infarction</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Trochanteric fracture left hip</b>		INTERVAL BETWEEN ONSET AND DEATH <b>36 hrs.</b> <b>2 days</b> <b>7 days</b> <b>26 days</b>	
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19a. DATE OF OPERATION <b>10/6/53</b>	19b. MAJOR FINDINGS OF OPERATION <b>fracture left hip; local anesthetic</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE HOMICIDE <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Methodist Church</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Poplar Bluff, Butler, Missouri</b>	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>10 4 1953 10 A</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Slipped and fell on tile floor.</b>	

22. I hereby certify that I attended the deceased from **Oct. 4, 1953**, to **Oct. 30, 1953**, that I last saw the deceased alive on **Oct. 30, 1953**, and that death occurred at **9:30A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>S.L. GERNSTETTER, M.D.</b>		23b. ADDRESS <b>733 Poplar St., Poplar Bluff</b>		23c. DATE SIGNED <b>11/1/53</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov. 1, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Poplar Bluff, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>11/1/53</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Frank-Cotrell Poplar Bluff, Mo.</b>
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RECEIVED  
NOV 16 1953  
BUTLER CO. HEALTH CENTER  
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 Grove W Greer

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff 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.