

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031252

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 032
FILED AUG 27 1963

Primary Registration District No. 5113

Registrar's No. 61

1. PLACE OF DEATH a. COUNTY Bollinger		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Bollinger	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Patton		c. CITY OR TOWN Patton	
Length of stay in 1b 14 years		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION No Street Address		d. STREET ADDRESS (If outside, give location) No Street Address	
Reside on Farm Yes ☐ No ☒			
3. NAME OF DECEASED (Type or print) First MIDDLE Last RELLA CLEMENTINE BROTHERTON		4. DATE OF DEATH Month Day Year July 20 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 9/28/1882
9. AGE (last birthday) 80		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mother & Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home Work	
11. BIRTHPLACE (City and state or country) Patton, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Columbus Seabaugh		13b. MOTHER'S MAIDEN NAME Statler	
14. NAME OF HUSBAND OR WIFE Pinkney Brotherton			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 490 24 9868	
17. INFORMANT Cecil Brotherton, Jackson, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarction DUE TO (b) Atherosclerotic Heart Disease DUE TO (c) Generalized Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 30 minutes 18 months 4 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 12/26/52 to 7/20/63 and last saw her alive on 5-27-63 Death occurred at 10:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J. O. Seabaugh		22b. ADDRESS 24 North Sprigg St. Cape Girardeau, Missouri	
22c. DATE SIGNED 7/31/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/22/1963	23c. NAME OF CEMETERY OR CREMATORY Post Oak	23d. LOCATION (City, town, or county) Patton, Mo.
24. FUNERAL DIRECTOR MC COMBS	ADDRESS Jackson, Mo.	25. DATE RECD. BY LOCAL REG. 8/13/63	26. REGISTRAR'S SIGNATURE Mrs. Buford Crader

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____
Signature of Student Embalmer

Signed

Bruce Jackson

Licensed Embalmer No.

5097

P. O. Address

Jackson, Md

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.