

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 26 1949

BIRTH NO. 49-112040 REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 41

100  
25

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

1. PLACE OF DEATH a. COUNTY <b>SCOTT</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>SCOTT</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>SIKESTON</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>RURAL</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DELTA COMMUNITY HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>R. F. D. #1 ORAN, MO.</b>	
3. NAME OF DECEASED a. (First) <b>LAURA</b>		b. (Middle) <b>JUNE</b>	
c. (Last) <b>BRATTON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>MARCH 13 1949</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>FEBRUARY 20 1949</b>
9. AGE (In years last birthday) <b>0</b>		10. AGE (In years) (Specify) P UNDER 1 YEAR Months <b>0</b> Days <b>23</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>R. F. D. #1 ORAN, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>CHARLIE B. BRATTON</b>		13b. MOTHER'S MAIDEN NAME <b>MARY FARMER</b>	
14. NAME OF HUSBAND OR WIFE		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 <b>CHARLIE B. BRATTON</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <b>21 days</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Heart attack, sublethal, right</b>		DU TO (b) <b>Birth injury</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DU TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>11600</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" 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)		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 <b>Feb 24</b> , 1949, to <b>Mar 13</b> , 1949, that I last saw the deceased alive on <b>Mar 13</b> , 1949, and that death occurred at <b>9:30P m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>A. J. Hunter</b>		23b. ADDRESS <b>Sikeston Mo</b>	
23c. DATE SIGNED <b>3-17-49</b>		24. LOCATION (City, town, or county) (State) <b>ORAN SCOTT COUNTY MO.</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>MARCH 15 1949</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>FRIEND CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>ORAN SCOTT COUNTY MO.</b>	
DATE REC'D BY LOCAL REG. <b>Mar. 21 1949</b>		REGISTRAR'S SIGNATURE <b>Mr. J. F. Henry</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Carl J. Smith</b>		ADDRESS <b>Oran, Mo.</b>	

RECEIVED

District Health Office No. 2,

District File Number 349-412

Date Filed J. 22-4

**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 <sup>NOT</sup> \_\_\_\_\_

..... Student Embalmer No. ....  
working under my personal supervision.

Signed Earl J. Smith .....

Signed.....  
Student Embalmer

Licensed Embalmer No. 2676

P. O. Address Oran, 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.