

FILED AUG 7 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22805**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 100

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Newton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Galt</u>	
c. LENGTH OF STAY (In this place) <u>2 da</u>		d. STREET ADDRESS (If rural, give location) <u>040</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cullers Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EARL</u> b. (Middle) <u>CLYDE</u> c. (Last) <u>BRANTLEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-7-1951</u>	
5. SEX <u>m</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>3-2-1898</u>
9. AGE (In years last birthday) <u>53</u>		10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 18 YRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retail Gas &amp; Oil Dealer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dealer</u>	11. BIRTHPLACE (State or foreign country) <u>Newton Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>James Brantley</u>	
13b. MOTHER'S MAIDEN NAME <u>Ada Wadsworth</u>		14. NAME OF HUSBAND OR WIFE <u>Lois Pegg Brantley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>327-05-7515</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Lois Brantley Galt</u>		17. ADDRESS <u>Mo Galt Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal obstruction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Appendiceal adhesions</u>	
DUE TO (c)			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>General peritonitis</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>553X</u>	
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.) <u>7-7-1951</u>	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 <u>July 5, 1951</u> , to <u>July 7, 1951</u> , that I last saw the deceased alive on <u>July 7, 1951</u> , and that death occurred at <u>6:00 AM.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E. J. Davis</u>		23b. ADDRESS <u>Newton Mo</u>	
23c. DATE SIGNED <u>7/7/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-9-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Brantley Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Newton Mo</u>
DATE REC'D BY LOCAL REG. <u>7-9-51</u>	REGISTRAR'S SIGNATURE <u>Irene Davis</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>PK Payne</u>	
		ADDRESS <u>San Galt Mo</u>	

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

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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.....

*P. K. Payne Jr*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3400*

P. O. Address.....

*Galt*

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.