

FILED DEC 2 - 1953

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

 State File No. **38392**
 Registrar's No. **18**

BIRTH NO. _____		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 4057		State File No. 38392		Registrar's No. 18		
1. PLACE OF DEATH a. COUNTY Butler					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Butler					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Qulin			c. LENGTH OF STAY (in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Qulin			01/20		
d. FULL NAME OF HOSPITAL OR INSTITUTION Home					d. STREET ADDRESS (If rural, give location) City					
3. NAME OF DECEASED (Type or Print) a. (First) HAROLD			b. (Middle) RAY		c. (Last) BRAYTON		4. DATE OF DEATH (Month) (Day) (Year) NOV. 14, 1953			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant		8. DATE OF BIRTH July 21, 1953		9. AGE (In years last birthday) 3	IF UNDER 1 YEAR Days 23	IF UNDER 24 HRS. Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Qulin, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Lewis Brayton			13b. MOTHER'S MAIDEN NAME Nellie Alford		14. NAME OF HUSBAND OR WIFE ---					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Lewis Brayton, Qulin, Missouri						ADDRESS
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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Colitis							INTERVAL BETWEEN ONSET AND DEATH		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____									
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 5710					
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:35 AM from the causes and on the date stated above.										
23a. SIGNATURE Grover A. Hees, Coroner (Degree or title)					23b. ADDRESS Poplar Bluff, Mo			23c. DATE SIGNED Nov 25-53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 15, 1953	24c. NAME OF CEMETERY OR CREMATORY Browns Chapel Gemetary		24d. LOCATION (City, town, or county) (State) Brosley, Mo. Rte. 1					
DATE REC'D BY LOCAL REG. 11/27/53		REGISTRAR'S SIGNATURE O. H. Nichol			25. FUNERAL DIRECTOR'S SIGNATURE Landess Funeral Home, Campbell, Mo. ADDRESS					

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

NOV 30 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

Christina M. Landrum

Licensed Embalmer No. _____

4227

P. O. Address _____

Campbell

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

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