

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5955

State File No.
Registrar's No. **1252**

FILED MAR 4 1954

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

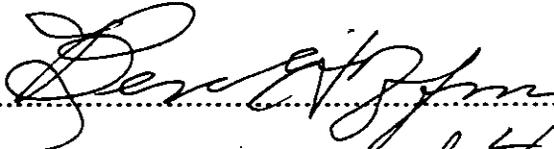
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Butler			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MISSOURI		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Fisk	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		e. STREET ADDRESS (If rural, give location) unknown			
3. NAME OF DECEASED (Type or Print) a. (First) DOROTHY b. (Middle) LUCILLE c. (Last) BRANNON			4. DATE OF DEATH FEBRUARY 8, 1954		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced	8. DATE OF BIRTH 9-7-1915	9. AGE (In years last birthday) 38	10. UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) factory worker		10b. KIND OF BUSINESS OR INDUSTRY soda company	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.-		12. CITIZENRY OF WHAT COUNTRY? USA
13a. FATHER'S NAME Carl Varvel		13b. MOTHER'S MAIDEN NAME Nettie Roland		14. NAME OF HUSBAND OR WIFE Alge Brannon	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 491-26-5271	17. INFORMANT'S SIGNATURE OR NAME Nettie Brannon, St. Louis, Mo. ADDRESS			
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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UREMIA ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) LOWER NEPHRON NEPHROSIS (NEPHRITIS, CHRONIC) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS PEPTIC ULCER WITH GASTRO JEJUNAL COLIC <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> FISTULA, POST OPERATIVE				INTERVAL BETWEEN ONSET AND DEATH 5 DAYS SEV. DAYS
19a. DATE OF OPERATION 12-16-53	19b. MAJOR FINDINGS OF OPERATION FISTULA, INTESTINAL				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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 591X			
22. I hereby certify that I attended the deceased from 12-4 , 19 54 , to 2-8 , 19 54 , that I last saw the deceased alive on 2-8 , 19 54 , and that death occurred at 1:35 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE H. Bradley (Degree or title) M.D.		23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 2-8-54	
24a. BURIAL, CREMATION REMOVAL (Specify) removal	24b. DATE 2-9-54	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.		
DATE REC'D BY LOCAL REG. FEB 9 1954	REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Greer-Croy-Fitch, Poplar Bluff. ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

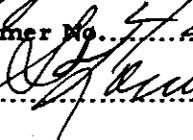
STATEMENT BY LICENSED EMBALMER

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.....


Licensed Embalmer No.....

P. O. Address.....


**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.**