

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1762

FILED JAN 28 1957

STATE FILE NUMBER

Registration District No. 166 Primary Registration District No. 4254 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Knobnoster,</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Knobnoster,</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence,</u>		Length of stay in 1b <u>Life</u>	d. STREET ADDRESS (If outside, give location) <u>Knobnoster, Mo.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>LORRENA</u> Middle <u>ELIZABETH</u> Last <u>BRATTON</u>			4. DATE OF DEATH Month <u>January</u> Day <u>21st.</u> Year <u>1957</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May II, 1909</u>	9. AGE (In years last birthday) <u>47</u>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HRS. Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Maid</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House Work,</u>		11. BIRTHPLACE (City and state or country) <u>Knobnoster, Missouri</u>	
13. FATHER'S NAME <u>Joe T. Calvert,</u>			14. MOTHER'S MAIDEN NAME <u>Zella Mae Brown</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT Address <u>Mr. Homer E. Calvert, Knobnoster, Mo.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute coronary thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Severe hypertension</u> DUE TO (c) <u>Chronic myocarditis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>4201</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10-15 min</u> <u>1 mo.</u> <u>2-3 yrs.</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>1-13-57</u> to <u>1-21-1957</u> and last saw her alive on <u>1-21-57</u> Death occurred at <u>3:30 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>H. L. Kirk, M.D.</u> (Degree or title)			22b. ADDRESS <u>Knobnoster, Missouri.</u>		22c. DATE SIGNED <u>1-22-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1-23-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Knobnoster Cemetery,</u>		23d. LOCATION (City, town, or county) (State) <u>Knobnoster, Missouri.</u>
24. FUNERAL DIRECTOR ADDRESS <u>R.A. Brauninger, Warrensburg, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>1/22/57</u>	26. REGISTRAR'S SIGNATURE <u>Erma L. Beatty</u>	

health, welfare, public service
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 diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 Doctor, coroner, etc. must use only standard notations in item 18. No symptoms will be listed. At

MAR 12 1957

FEB 18 1958

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 *W. A. B. Bauninger*

Licensed Embalmer No. 337

P. O. Address *Warren, Mich.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.