

FILED JUL 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23306

State File No.

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 3007 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond		c. LENGTH OF STAY (in this place) 10 years	c. CITY OR TOWN Richmond
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 263 South Cunningham St.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Pa	
		e. STREET ADDRESS (If rural, give location) 263 South Cunningham St.	

3. NAME OF DECEASED (Type or Print) a. (First) ANNIE			b. (Middle)			c. (Last) BRIZENDINE			4. DATE OF DEATH (Month) (Day) (Year) July 14 1955		
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 29, 1881		9. AGE (In years last birthday) 74		10. UNDER 1 YEAR Days 15 11. UNDER 1 YEAR Hours 15 12. UNDER 1 MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and State or Foreign Country) Ray County, Missouri			12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Benton Hankins		13b. MOTHER'S MAIDEN NAME Betty Nelson		14. NAME OF HUSBAND OR WIFE John Brizendine	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Brizendine, Richmond, Mo.	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH unknown 10 days
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute cholecystitis			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4-200			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)	
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	

22. I hereby certify that I attended the deceased from July 11, 1955, to July 14, 1955, that I last saw the deceased alive on July 14, 1955, and that death occurred at 8:00 A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. K. Johnson M.D.		23b. ADDRESS Richmond, Mo.		23c. DATE SIGNED 7/14/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-16-1955		24c. NAME OF CEMETERY OR CREMATORY Old Union Cemetery	
				24d. LOCATION (City, town, or county) (State) Ray County, Missouri	

DATE REC'D BY LOCAL REG. July 14-1955		REGISTRAR'S SIGNATURE Malul Jackson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas J. Carter Richmond, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *Thomas J. Carter*.....

Licensed Embalmer No. *447*.....

P. O. Address *Reswood*.....

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.