

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **31174**

FILED SEP 15 1951

BIRTH NO. _____		REG. DIST. NO. 296		PRIMARY REG. DIST. NO. 6017		Registrar's No. 26		
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 Rural - Camden		c. LENGTH OF STAY (in this place) 10 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Camden		0890		
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 miles SW Camden				d. STREET ADDRESS (If rural, give location) 3 miles SW Camden				
3. NAME OF DECEASED (Type or Print) a. (First) CORA b. (Middle) LeLa c. (Last) BRIZENDINE			4. DATE OF DEATH (Month) (Day) (Year) August 27 1951					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH August 15, 1905		
9. AGE (In years last birthday) 46		IF UNDER 1 YEAR Months 0 Days 12		IF UNDER 24 HRS. Hours Min. 				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Housekeeping		11. BIRTHPLACE (State or foreign country) Ray County, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME William Cox			13b. MOTHER'S MAIDEN NAME Martina Martin			13c. NAME OF HUSBAND OR WIFE George Edward 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 George Edward Brizendine ADDRESS Camden, Missouri				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: Self inflicted gun shot wound		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Wound						
*This does not mean the mode of dying, such as heart failure, asthma, 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.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION E 976x					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.) at home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Camden - Rural - Ray - MO				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8 - 27 - 51 - 10A		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Gun shot wound				
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 10:30 a.m. from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) J. R. Baber, Coroner			23b. ADDRESS 3 Richmond MO			23c. DATE SIGNED 8-30-51		
24. BURIAL, CREMATION, REMOVAL (Specify) Burial August 30, 1951		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY Hilary Grove		24d. LOCATION (City, town, or county) (State) Ray County, Missouri		
DATE REC'D BY LOCAL REG. 8-30-51		REGISTRAR'S SIGNATURE Allen J. Larkin		25. FUNERAL DIRECTOR'S SIGNATURE Robert L. Brizendine ADDRESS Ray County, Missouri				

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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
Student Embalmer

Signed *George H. Hill*

Licensed Embalmer No. *4066*

P. O. Address *Pickersville, Md.*

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.