

FILED JUL 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23486**
Registrar's No. **2974**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2974</u>		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>			c. LENGTH OF STAY (in this place) <u>55 years</u>			c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> <u>3548</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3406 Michigan</u>				d. STREET ADDRESS (If rural, give location) <u>3406 Michigan</u> <u>2-10</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edwin</u>		b. (Middle) <u>Terry</u>		c. (Last) <u>Brigham</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 5, 1950</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Feb. 12, 1874</u>		9. AGE (in years last birthday) <u>76</u>	IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Supt. Helping Hand Institute</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Institute</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>L. _____</u>			13b. MOTHER'S MAIDEN NAME <u>_____</u>			14. NAME OF HUSBAND OR WIFE <u>Bessie M. Brigham, dec.</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'S SIGNATURE OR NAME ADDRESS <u>Lawrence M. Brigham, 3406 Michigan, KC Mo.</u>				
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) <u>acute cardiac failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic heart disease</u> DUE TO (c) <u>disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>_____</u>					INTERVAL BETWEEN ONSET AND DEATH <u>H 2:15</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>_____</u>					20. AUTOPSY? YES <input 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)		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 <u>before 1940</u> , to <u>July 5, 1950</u> that I last saw the deceased alive on <u>July 5, 1950</u> , and that death occurred at <u>5:30 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Herbert Valentine</u> (Degree or title) <u>Herbert Valentine M.D.</u>				23b. ADDRESS <u>1124 Professional Bldg</u> <u>Kansas City, Mo.</u>		23c. DATE SIGNED <u>7/6/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>7-7-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>7-7-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STINE & McCLURE, Kansas City, Mo.</u>				

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

Dr. Herbert Valentia, Prof. B223

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 J. J. Allen

Licensed Embalmer No. 1415

P. O. Address K. C. Mo

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.