

THE DIVISION OF HEALTH OF MISSOURI  
FILED SEP 26 1950 STANDARD CERTIFICATE OF DEATH

29738

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>5</u>		PRIMARY REG. DIST. NO. <u>4108</u>		Registrar's No. <u>3-2</u>	
1. PLACE OF DEATH a. COUNTY Cedar				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cedar			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural <u>Stockton</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural <u>Stockton</u>		0200	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 Miles N.W. of Stockton</u>				d. STREET ADDRESS (If rural, give location) <u>6 Miles N.W. of Stockton</u>			
3. NAME OF DECEASED (Type or Print) a. (First) James		b. (Middle) Franklin		c. (Last) Brim		4. DATE OF DEATH (Month) (Day) (Year) Sept. 9, 1950	
5. SEX M <u>0</u>		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Married <u>1</u>		8. DATE OF BIRTH May 6, 1884	
9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (State or foreign country) Cedar County, Mo. <u>0</u>		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME James Brim		13b. MOTHER'S MAIDEN NAME Spicy Manley		14. NAME OF HUSBAND OR WIFE Hester Brim			
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 Hester Brim, Stockton 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arricular fibrillation</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <u>Cancer of lungs</u> DUE TO (c) <u>numerous skin cancers</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</u> <u>5 months</u> <u>4 yrs.</u> <u>163X</u>	
19a. DATE OF OPERATION —		19b. MAJOR FINDINGS OF OPERATION —				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) —		21f. HOW DID INJURY OCCUR? —	
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"/>		22. I hereby certify that I attended the deceased from <u>May</u> , 1950, to <u>Sep. 9</u> , 1950, that I last saw the deceased alive on <u>9-9</u> , 1950, and that death occurred at <u>7:45 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u>		(Degree or title) —		23b. ADDRESS <u>D. I. Stockton Mo.</u>		23c. DATE SIGNED <u>9-9-50</u>	
24a. BURIAL CREMATION REMOVAL (Specify) Burial <u>1</u>		24b. DATE <u>9-10-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stockton City</u>		24d. LOCATION (City, town, or county) (State) <u>Stockton, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-12-1950</u>		REGISTRAR'S SIGNATURE <u>Geneva Garrison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John A. Cantlon</u>		ADDRESS <u>Stockton, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MD.

District No. 3 - Springfield

RECEIVED SEP 16 1950

Dist. File 950 1958

Date Filed 9-23-50

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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

*John A. Cantlon*

Licensed Embalmer No. 4389

P. O. Address Stockton, 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.