

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28752**
Registrar's No. **257**

FILED AUG 21 1952

BIRTH NO.		REG. DIST. NO. 209	PRIMARY REG. DIST. NO. 3043	State File No. 28752	
1. PLACE OF DEATH a. COUNTY Marion County			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. Missouri Shelby		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal, Mo.		c. LENGTH OF STAY (in this place) 15 Hrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shelbina, Mo.		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Elizabeth Hospt.			d. STREET ADDRESS (If rural, give location) X		
3. NAME OF DECEASED (Type or Print) a. (First) MOLLIE		b. (Middle) PEARL		c. (Last) BRENGLE	
4. DATE OF DEATH (Month) (Day) (Year) 8-3-1952		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 9-25-1891		9. AGE (In years last birthday) # UNDER 1 YEAR # UNDER 4 HRS. # UNDER 4 MIN. 60 10 8	
10a. USUAL OCCUPATION (Give kind of work done during previous working life, or if retired) House hold		10b. KIND OF BUSINESS OR INDUSTRY Same		11. BIRTHPLACE (State or foreign country) Ralls County, Mo. 0	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Joe Griggs		13b. MOTHER'S MAIDEN NAME Emma Brashear	
14. NAME OF HUSBAND OR WIFE Deceased		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. X	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Helen Highland, Shelbina, Mo		18. ADDRESS Shelbina, Mo		19. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 260X		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) (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 Jan 31 1949 , to 8/3 , 19 52 , that I last saw the deceased alive on 8/1 , 19 52 , and that death occurred at 5:15 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE T. J. Abernethy		(Degree or Title) Dr. Shelbina, Mo		23c. DATE SIGNED 8/9/52	
24a. BURIAL, CREMATION, REINTERMENT (Specify) Burial		24b. DATE 8-6-1952		24c. NAME OF CEMETERY OR CREMATORY Holliday Cmty.	
24d. LOCATION (City, town, or county) (State) Monroe CO. Mo.		DATE REC'D BY LOCAL REG. 8-11-52		REGISTRAR'S SIGNATURE Dr. E. M. Lucke, Registrar	
25. FUNERAL DIRECTOR'S SIGNATURE Barkeley-Hawkins		ADDRESS Shelbina, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

44
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RECEIVED **AUG 19 1952**
MARION CO. HEALTH DEPT.
DATE FILED **AUG 19 1952**

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed..... *W. H. Harris*

Licensed Embalmer No. *3498*

P. O. Address *Shelburne Me*

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.