

FILED MAR 2 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6719**

BIRTH NO. _____ REG. DIST. NO. 292 PRIMARY REG. DIST. NO. 4276 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Pierce City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Pierce City</u> <u>70</u> <u>0550</u>	
c. LENGTH OF STAY (in this place) <u>15 years</u>		d. STREET ADDRESS (If rural, give location) <u>West Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>West Ave</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>		b. (Middle) _____ c. (Last) <u>BRIGANCE</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Feb-24-1953</u>		5. SEX <u>M</u> 6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>July 29, 1862</u>	
9. AGE (In years last birthday) <u>91</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Decorator</u>	
11. BIRTHPLACE (State or foreign country) <u>Texas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Not known</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Phelan</u>	
14. NAME OF HUSBAND OR WIFE <u>Anna Brigance</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Anna Brigance</u> ADDRESS <u>Pierce City Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 days</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>Arteriosclerosis</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Thrombo-angitis obliterans</u>	
II. OTHER SIGNIFICANT CONDITIONS		DUE TO (d) <u>Senility</u> <u>4531</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) <u>23</u>	
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>July 16, 1950</u> , to <u>Feb 24, 1953</u> , that I last saw the deceased alive on <u>Feb 24, 1953</u> , and that death occurred at <u>12:15 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Charles A. Speare, M.D.</u>		23b. ADDRESS <u>Pierce City, Mo</u>	
23c. DATE SIGNED <u>2-26-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>2-26-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Pierce City Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilbur Bros</u> ADDRESS <u>Pierce City Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-29-53</u>		REGISTRAR'S SIGNATURE <u>John H. Davis</u> <u>467</u>	

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

Edwin Wilks

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Edwin Wilks

Licensed Embalmer No.

4131

P. O. Address

Pease City 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.