No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44965

FILED JAN 8 1954

BIRTH NO. _____ REG. DIST. NO. 372 PRIMARY REG. DIST. NO. 4543 Registrar's No. 20

1120
1

1. PLACE OF DEATH
a. COUNTY: WEBSTER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): T.W.N Seymour
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Mo
b. COUNTY: WEBSTER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SEYMOUR MO
d. STREET ADDRESS (If rural, give location): 1120

3. NAME OF DECEASED (Type or Print): a. (First) LOUISA. b. (Middle) BRIXEY c. (Last)

4. DATE OF DEATH: (Month) 12 (Day) 22 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 4-14-1873

9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (City and State or Foreign Country): WEBSTER Co Mo

12. CITIZEN OF WHAT COUNTRY: U.S.A

13a. FATHER'S NAME: FEDRICK ROST

13b. MOTHER'S MAIDEN NAME: DEAN KISTNER

14. NAME OF HUSBAND OR WIFE: WILL R. BRIXEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): NO — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: NK

17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS: JEWELL LANE SEYMOUR 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Circulatory Failure — INTERVAL BETWEEN ONSET AND DEATH: 3 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Decompensated Hypertensive Heart Disease — 1 YR
DUE TO (c) Arteriosclerosis — ?

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: 443X
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov-20, 1953, *to* Dec 23, 1953, *that I last saw the deceased alive on* Dec-22, 1953, *and that death occurred at* 5:35 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D.O.
23b. ADDRESS: Seymour
23c. DATE SIGNED: 12/26/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-27-53
24c. NAME OF CEMETERY OR CREMATORY: BRIXEY
24d. LOCATION (City, town, or county) (State): WEBSTER, MO

DATE REC'D BY LOCAL REG.: 12-29-1953
REGISTRAR'S SIGNATURE: Gilbert Jones
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Robert Burgman Seymour MO

(Licensed Embalmer's Statement on Reverse Side)

[redacted]

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 Mar L Miller

Licensed Embalmer No. 4720

P. O. Address [redacted], 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.