

No. 300
10.48

FILED SEP 2 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28319**

BIRTH NO. _____ REG. DIST. NO. 22 PRIMARY REG. DIST. NO. 5793 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY <u>MONITEAU</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MISSOURI</u> b. COUNTY <u>MONITEAU</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JAMESTOWN Mo 2 yrs</u>		c. LENGTH OF STAY (in this place) <u>2 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL LINN Mo 26 80</u>		d. STREET ADDRESS (If rural, give location) <u>JAMESTOWN, MO.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>(RURAL) LINN</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ISAAC</u> b. (Middle) <u>FRANKLIN</u> c. (Last) <u>BRIZENDINE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-25-1954</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Nov-26-1897</u>	9. AGE (In years last birthday) <u>7.6</u>	10. IF UNDER 1 YEAR: Months <u>8</u> Days <u>29</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LABORER</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>JOEL BRIZENDINE</u>		13b. MOTHER'S MAIDEN NAME <u>NANCY JANE EPPS</u>		14. NAME OF HUSBAND OR WIFE <u>MAUDE BRIZENDINE</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>499-18-455</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Newton Brizendine Brizendine</u> ADDRESS _____		
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.					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Bronchitis</u>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
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 _____			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) <u>Jamestown Moniteau MO</u>		
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>Aug 14 1954</u> to <u>Aug 25 1954</u> , that I last saw the deceased alive on <u>Aug 21 1954</u> , and that death occurred at <u>3:30 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>D. H. Brizendine</u> (Degree or title) _____			23b. ADDRESS <u>S.O. California, Mo.</u>		23c. DATE SIGNED <u>8/25/54</u>
24a. BURIAL/CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>8-29-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. ZION CEM</u>	24d. LOCATION (City, town, or county) (State) <u>NEAR JAMESTOWN, MO.</u>		
DATE REC'D BY LOCAL REG. <u>8-30-54</u>	REGISTRAR'S SIGNATURE <u>W. L. Popy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Calbert Hornbeck</u> ADDRESS <u>Prayer Home</u>		

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

(Licensed Embalmer's Statement on Reverse Side)

7ms

9/17 2

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 G. Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Rainier Home

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.