

FILED FEB 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 602

BIRTH NO. 915 REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Moniteau	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN Jefferson City, Missouri)		c. LENGTH OF STAY (in this place) one day		c. CITY OR TOWN California	
d. FULL NAME OF HOSPITAL OR INSTITUTION Charles E. Still Osteopathic Hospital		STREET ADDRESS 0681			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Frances	b. (Middle) Arlene	c. (Last) Brizendine	(Month) February	(Day) 2	(Year) 1955
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Feb. 1, 1955	9. AGE (In years last birthday)	10. IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Newborn		10b. KIND OF BUSINESS OR INDUSTRY Newborn- none	11. BIRTHPLACE (City and State or Foreign Country) Jefferson City, Missouri	12. CITIZEN OF WHAT COUNTRY U.S. A.	
13a. FATHER'S NAME Ira Brizendine		13b. MOTHER'S MAIDEN NAME Viola Sanders	14. NAME OF HUSBAND OR WIFE none		
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 Ira Brizendine, California, Missouri		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory failure		Respiratory failure		19 hours and 35 minutes	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) anoxia			
		DUE TO (c) atelectasis			
		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death. placenta previa			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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) m.		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 Feb. 1, 1955, to Feb. 2, 1955, that I last saw the deceased alive on Feb. 2, 1955, and that death occurred at 4:25 a.m., from the causes and on the date stated above.

22a. SIGNATURE Lawrence Everett Coffey		22b. ADDRESS 209 Monroe, Jefferson City, Mo.		22c. DATE SIGNED Feb 2, 55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/3/55		24c. NAME OF CEMETERY OR CREMATORY Old Town Cemetery	
24d. LOCATION (City, town, or county) California,		24e. (State) Mo			
DATE REC'D BY LOCAL REG. Feb 3 - 19 55		REGISTRAR'S SIGNATURE R. P. Harris MS-TR		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fear Bowlin, California, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

DATE

BY

RECEIVED

NO

19

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 \_\_\_\_\_  
Signature of Student Embalmer

*Not Embalmed*

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.