

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4657

State File No. 332

FILED FEB 18 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 2002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS City		c. LENGTH OF STAY (In this place) 20 YEARS	
c. CITY OR TOWN KANSAS City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 209 BRUSH CREEK BLVD.		STREET ADDRESS (If rural, give location) 750 209 BRUSH CREEK BLVD.	

3. NAME OF DECEASED a. (First) Richard b. (Middle) WESTERFIELD c. (Last) BRIGHAM			4. DATE OF DEATH (Month) (Day) (Year) JAN-24-1955		
5. SEX MALE		6. COLOR OR RACE White		7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH Oct 14, 1883		9. AGE (In years last birthday) 71		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY ACCOUNTANT		11. BIRTHPLACE (City and State or Foreign Country) Biloxi, Mississippi	
12. CITIZEN OF WHAT COUNTRY U.S.A.					

13a. FATHER'S NAME JAMES BRIGHAM		13b. MOTHER'S MAIDEN NAME LARIA mason		14. NAME OF HUSBAND OR WIFE NELL BRIGHAM	
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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. 495-05-0730		17. INFORMANT'S SIGNATURE OR NAME Mrs Nell Brigham	
				ADDRESS 209 BRUSH CREEK BLVD.	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) C.V.A. - Neurology - Rt side.				INTERVAL BETWEEN ONSET AND DEATH 24 hours	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Atherosclerotic heart disease				same year	
		DUE TO (c)				4200	
		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 checked="" type="checkbox"/>	
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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		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 7-2, 1954, to 1-24, 1955, that I last saw the deceased alive on 1-23, 1955, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE Frank B. Leitz (Degree or title)		23b. ADDRESS 1530 Prof Blvd, Kansas City, Mo.		23c. DATE SIGNED 1-25-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-27-55		24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah		24d. LOCATION (City, town, or county) (State) Kansas city mo.	
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DATE REC'D BY LOCAL REG. 1-25-55		REGISTRAR'S SIGNATURE neve Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS P.W. NEWCOMER'S SONS K.C. Mo.	
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(Licensed Embalmer's Statement on Reverse Side) 1331 BRUSH CREEK BLVD.

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

0.300
0.48

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

Signed *Rollie Kessel*

Licensed Embalmer No. *4690*

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