

FILED MAY 17 1955

## STANDARD CERTIFICATE OF DEATH

State File No. 15324

BIRTH NO.		REG. DIST. NO. 141		PRIMARY REG. DIST. NO. 5551		Registrar's No. 16	
1. PLACE OF DEATH a. COUNTY <b>Howell</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Howell</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>"Rural" Howell Twp.</b>		c. LENGTH OF STAY (in this place) <b>7 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>"Rural" Howell Township</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>residence</b>				d. STREET ADDRESS (If rural, give location) <b>W. Plains, Mo., R.R. 1</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>SAMUEL</b>		b. (Middle) <b>GRANT</b>		c. (Last) <b>BRIXEY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 9, 1955</b>	
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>Feb. 13, 1885</b>	
9. AGE (In years last birthday) <b>70</b>		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, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own farm</b>		11. BIRTHPLACE (State or foreign country) <b>Howell County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Samuel Grant Brixey</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Weatherford</b>		14. NAME OF HUSBAND OR WIFE <b>Eva Cunningham</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. S. G. Brixey, W. Plains, Mo.</b>			
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) <b>Coronary occlusion</b>				INTERVAL BETWEEN ONSET AND DEATH <b>sudden</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Arteriosclerosis</b>				yrs	
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) <b>4201</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>1955</b>		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 <b>1950</b> , 19___, to <b>May 9, 1955</b> , that I last saw the deceased alive on <b>May 1, 1955</b> , and that death occurred at <b>8:30<sup>a</sup> m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>[Signature]</b>				23b. ADDRESS <b>West Plains</b>		23c. DATE SIGNED <b>5-10-55</b>	
24a. BURIAL (Specify) <b>BURIAL</b>		24b. DATE <b>May 11, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New Liberty Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Howell County, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>5-13-55</b>		REGISTRAR'S SIGNATURE <b>Beatrice Cook</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Hal Jacobson</b>		ADDRESS <b>W. Plains, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 17 1955

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, ~~city~~ .....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Hal Stoenbergh*

Licensed Embalmer No.

*3408*

P. O. Address

*W. Plains, M.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.