

No. 300
10.48

0410

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29558

State File No.

FILED OCT 10 1955

BIRTH NO. _____ REG. DIST. NO. 136 PRIMARY REG. DIST. NO. 5498 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eagleville (rural)</u>	c. LENGTH OF STAY (in this place) <u>8 months</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hatfield Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hamilton Township</u>		d. STREET ADDRESS (If rural, give location) <u>Hamilton Twp.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ray</u>	b. (Middle) <u>Jim</u>	c. (Last) <u>Brenizer</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>October 2 1955</u>
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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>Jan. 18, 1921</u>	9. AGE (In years last birthday) <u>34</u>	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Harrison County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Ira V. Brenizer</u>	13b. MOTHER'S MAIDEN NAME <u>Edith Snethen</u>	14. NAME OF HUSBAND OR WIFE <u>Viola Brenizer</u>
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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) <u>Yes W.W. II</u>	16. SOCIAL SECURITY NO. <u>W.W. II</u>	17. INFORMANT'S SIGNATURE OR NAME <u>*Viola Brenizer - Hatfield, Mo.</u>	ADDRESS <u>Hatfield, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden Death</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>suicide</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>22 Bullet wound in right temple</u> DUE TO (c) <u>temple</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>976X</u>			

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) <u>suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Barn</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Hamilton Twp. Harrison, Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct. 3, 1955 1:12 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Shot himself with 22 rifle</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph I. Marshall D.C. Chiropractor</u>	(Degree or title)	23b. ADDRESS <u>Harrison County</u>	23c. DATE SIGNED <u>10-5-1955</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-5-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Davis City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Davis City, Iowa.</u>
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DATE REC'D BY LOCAL REG. <u>Oct. 7-1955</u>	REGISTRAR'S SIGNATURE <u>Florence C. Powell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John C. Stewart</u>	ADDRESS <u>Leon Iowa</u>
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NOV 2 1955

VS AUG 26 1960

OCT 28 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, or by Mypal

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed John C. Stewart

Licensed Embalmer No. 4422

P. O. Address Leon, Iowa

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.