

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23616**  
**2979**

FILED JUL 25 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DISJ. NO. **002** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Sackson</b>		2. USUAL RESIDENCE WHERE DECEASED LIVED. If institution: residence before admission. a: STATE <b>Missouri</b> COUNTY <b>Sackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>	c. LENGTH OF STAY (in this place) <b>45 yrs</b>	c. CITY OR TOWN <b>Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Kansas City Tb. Hospital</b>		STREET ADDRESS (If rural, give location) <b>2622 Dubious 3378</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <b>William</b>	b. (Middle) <b>A.</b>	c. (Last) <b>Brizendine</b>	<b>July 8<sup>th</sup> 1956</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>W. Dowed</b>	8. DATE OF BIRTH <b>Sept. 28, 1890</b>	9. AGE (In years last birthday) <b>65</b>	IF UNDER 1 YEAR: Months <b>6</b> Days <b>4</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Barber</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Grain Valley, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>

13a. FATHER'S NAME <b>George Brizendine</b>	13b. MOTHER'S MAIDEN NAME <b>Etta Joyce</b>	14. NAME OF HUSBAND OR WIFE <b>Nora Brizendine</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>K.C. Tb. Hosp.</b> ADDRESS <b>K.C. 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary tuberculosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>0027</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **5-9, 1956**, to **7-8, 1956** that I last saw the deceased alive on **7-8, 1956**, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Edward P. Altman M.D.</b>	23b. ADDRESS <b>K.C.T.B. Hospital</b>	23c. DATE SIGNED <b>7-8-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 10, 56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Washington Cemetery</b>
		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>

DATE REC'D BY LOCAL REG. <b>7-9-56</b>	REGISTRAR'S SIGNATURE <b>Neva Marshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Melody-McGilley Eylar 1800 Linwood</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD Edward P. Altman

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 *James E. Hackleman*

Licensed Embalmer No. 4593

P. O. Address *K. C., Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.

*Mr. Bugendone*