

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

41316

STATE FILE NUMBER

Miller

Registration District No. 143 Primary Registration District No. 4232 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <p align="center">Howell</p>		2. USUAL RESIDENCE (Where deceased lived. If institutional: Residence before admission) a. STATE <p align="center">Missouri</p>		b. COUNTY <p align="center">Howell</p>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <p align="center">Willow Springs</p>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY-OR TOWN <p align="center">Willow Springs</p>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <p align="center">710 Park</p>		Length of stay in lb <p align="center">65 yrs</p>		d. STREET ADDRESS <p align="center">(If outside, give location)</p>	
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>					

3. NAME OF DECEASED (Type or print) <p align="center">First Middle Last JOHN HENRY BRILL</p>			4. DATE OF DEATH <p align="center">Month Day Year December 9, 1956</p>		
5. SEX <p align="center">Male</p>	6. COLOR OR RACE <p align="center">White</p>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <p align="center">April 12, 1879</p>	9. AGE (In years last birthday) <p align="center">77</p>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p align="center">Truck Driving</p>		10b. KIND OF BUSINESS OR INDUSTRY <p align="center">General</p>		11. BIRTHPLACE (City and state or country) <p align="center">Poplar Bluff, Missouri</p>	
12. CITIZEN OF WHAT COUNTRY? <p align="center">U S</p>		13. FATHER'S NAME <p align="center">William Henry Brill</p>		14. MOTHER'S MAIDEN NAME <p align="center">Mary Douglas</p>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p align="center">no</p>		16. SOCIAL SECURITY NO.		17. INFORMANT <p align="center">James A. Brill Willow Springs, Mo.</p>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Pulmonary Edema</u>			INTERVAL BETWEEN ONSET AND DEATH <p align="center">hours</p>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Arteriosclerotic Heart Disease with Coronary</u>		<p align="center">years</p>		
	DUE TO (c) <u>Generalized Atherosclerosis</u>		<p align="center">years</p>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Senility + Diabetes + Emphysema</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		

20a. ACCIDENT: SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour - Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE	

21. I attended the deceased from <u>5/12/54</u> to <u>12/9/56</u> and last saw her alive on <u>12/9/56</u> Death occurred at <u>8:25 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title)	22b. ADDRESS <p align="center">Willow Springs, Mo</p>	22c. DATE SIGNED <p align="center">12/14/56</p>

23a. BURIAL, CREMATION, REMOVAL (Specify) <p align="center">Burial</p>	23b. DATE <p align="center">12-11-56</p>	23c. NAME OF CEMETERY OR CREMATORY <p align="center">City</p>	23d. LOCATION (City, town, or county) (State) <p align="center">Willow Springs, Missouri</p>
24. FUNERAL DIRECTOR <p align="center">Duncan Funeral Home Mtn. View, Missouri</p>	ADDRESS	25. DATE RECD. BY LOCAL REG. <p align="center">12/15/56</p>	26. REGISTRAR'S SIGNATURE <p align="center">Maribelle Ballard</p>

alth, welfare, public health, service, 800-56, Director, coroner, etc. must use only standard nomenclature in item 18. No symptoms which are listed. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

FORM 1-1-1932

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 *Joe R. Sumner*.....
Licensed Embalmer No. *43*
P. O. Address *W. J. ...*

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