

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30743

STATE FILE NUMBER

FILED OCT 15 1957

Registration District No. 13 Primary Registration District No. 3203 Registrar's No. 132

1. PLACE OF DEATH a. COUNTY BARRY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY LAWRENCE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MONETT		c. CITY OR TOWN PIERCE CITY MO	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST VINCENTS		d. STREET ADDRESS (If outside, give location) WASH AVE	
Length of stay in 1b 5 WKS		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) LOU ANNA BRIGANCE	4. DATE OF DEATH OCT 8 - 1957
First Middle Last	Month Day Year

5. SEX F	6. COLOR OR RACE WH	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH FEB-23-1875	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 7 Days 15	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) LAWRENCE COUNTY MO	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13. FATHER'S NAME ROBERT STARK	14. MOTHER'S MAIDEN NAME MARTHA WORMINGTON
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT HELEN RICHARDSON Address DETROIT MICH
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of stomach		INTERVAL BETWEEN ONSET AND DEATH 1 yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

20a. ACCIDENT <input type="checkbox"/> 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.)
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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
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21. I attended the deceased from 9-20-57 to 10-8-57 and last saw her alive on 10-7-57 Death occurred at 4:30 AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Frank Ken MD	22b. ADDRESS Monett Mo	22c. DATE SIGNED 10-9-57
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE OCT-10-1957	23c. NAME OF CEMETERY OR CREMATORY CITY CEMETERY	23d. LOCATION (City, town, or county) (State) PIERCE CITY MO
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24. FUNERAL DIRECTOR ADDRESS WILKS BROS PIERCE CITY MO	25. DATE RECD. BY LOCAL REG. 10-9-57	26. REGISTRAR'S SIGNATURE Mrs P. Cook
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(Licensed Embalmer's Statement on Reverse Side)

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

MEDICAL CERTIFICATION

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-56

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BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 1057-184

DATE REC. 10-14-57

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, ~~or~~ by Edwin Welke Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Edwin Welke.....

Licensed Embalmer No. 41

P. O. Address France City

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.