

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014281

STATE FILE NUMBER

FILED MAY 11 1959 Registration District No. 257 Primary Registration District No. 5883 Registrar's No. 28

300
-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY OSAGE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LINN TOWNSHIP		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN HICKMAN MILLS
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION On U. S. HIGHWAY #50		Length of stay in 1b	d. STREET (If outside, give location) ADDRESS 11001 EWING AVE.
3. NAME OF DECEASED (Type or print) First PAUL Middle VERN Last BRISBIN			4. DATE OF DEATH Month MAY Day 3, Year 1959
5. SEX MALE <input checked="" type="checkbox"/>	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN. 28, 1927
9a. AGE (In years last birthday) 32		9b. FUNDER 1 YEAR Months 4 Days 5	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck operator		10b. KIND OF BUSINESS OR INDUSTRY Furniture Delivery	11. BIRTHPLACE (City and state or country) TOPEKA, KANSAS
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME CHARLES BRISEIN	
13b. MOTHER'S MAIDEN NAME GOLDIE NADINE BRISBIN		14. NAME OF HUSBAND OR WIFE DORTHY A. PATRICK BRISBIN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW II		16. SOCIAL SECURITY NO. 488 28 7073	17. INFORMANT Mrs. Dorthy A. P. Brisbin
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>Fractured neck and internal injuries</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Automobile accident</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>instantly</u>
20a. ACCIDENT <input checked="" 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.) Auto run off the highway and struck a tree	
20c. TIME OF INJURY Hour 3:00 AM Month, Day, Year May 3, 1959		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) U. S. Highway # 50	
20e. CITY, TOWN, OR LOCATION Osage County, Missouri		20f. COUNTY STATE	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Clyde Morton</i> (Degree or title) Coroner		22b. ADDRESS Linn, Mo.	
22c. DATE SIGNED May 3, 1959			
23a. BURIAL, CREATION, REMOVAL (Specify) Removal		23b. DATE 5-3-59	23c. NAME OF CEMETERY OR CREMATORY Kansas City
23d. LOCATION (City, town, or county) Kansas City - Mo		(State)	
24. FUNERAL DIRECTOR MORTON FUNERAL HOME		25. DATE REC'D. BY LOCAL REG. 5-3-59	26. REGISTRAR'S SIGNATURE <i>Mrs. Clyde Morton</i>

MAY 13 1969

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 *Vernon M. Mouton*

Licensed Embalmer No. *4125*

P. O. Address *Linne Mo.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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