

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010509

FILED VS APR 4 1960

Registration District No. 118 Primary Registration District No. 5439 Registrar's No. 9

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Wascownde</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wascownde</u>		
b. CITY (If outside corporate limits, give TOWNSHIP or TOWN) <u>Canaan Township R.F.D.</u>		Length of stay in 1b <u>7-yrs</u>	c. CITY OR TOWN <u>R.F.D. Blend</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>At home</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Canaan (5 mi. East Blend)</u>	
3. NAME OF DECEASED (Type or print) First <u>David</u> Middle <u>Franklin</u> Last <u>BRIM</u>			4. DATE OF DEATH Month <u>March</u> Day <u>27</u> Year <u>1960</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>4-22-1875</u>	9. AGE (last birthday) <u>84</u>
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>own farm</u>	11. BIRTHPLACE (City and state or country) <u>Mt. Sterling - Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joe Brim</u>		13b. MOTHER'S MAIDEN NAME <u>Nan Hicks</u>		14. NAME OF HUSBAND OR WIFE <u>Annie</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Mrs. Katie Dittman</u>		Address <u>Blend (R.F.D.) Mo</u>	
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>Chronic Myocardial Degeneration</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <u>10-yrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)			
20c. TIME OF INJURY Hour _____ 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>9/28/57</u> to <u>3/27/60</u> and last saw ^{her} him alive on <u>3/21/60</u> Death occurred at <u>2:00</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>H. H. Schenckel</u>			22b. ADDRESS <u>Belle, Mo</u>		22c. DATE SIGNED <u>3/29/60</u>
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	23b. DATE <u>3-29-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Grove Dale - Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Marion County - Mo</u>		
24. FUNERAL DIRECTOR <u>Stassmann's</u> <u>Cherita Stassmann</u>	ADDRESS <u>Duvern</u>	25. DATE RECD. BY LOCAL REG. <u>Blend - Mo March 29, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Maurine Jappney</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 19 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____, or by _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Chester Lassman

Licensed Embalmer No. 412

P. O. Address Blend-

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