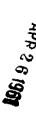
		ISION OF HEA	LTH - STAND	ARD CER	TIFICATE C	OF DEATH	=	-60 - 031	1692
ILEU Ded	10	AUG 1 7 1960 Registration District No	297Prin	nary Registration	District No. 60 Z	23_Registrar's No.	100	STATE FILE	NUMBER
1 1	┨╴	1. PLACE OF DEATH •. COUNTY	Рож			2. USUAL RESIDEN a. STATE M199	•	ed lived. If institution	on: Residence before edmission)
	1-		<u> </u>	HIP only)	Length of stay in 1b	II c. CHY	Ouri	Ray	Inside Limits
		OR TOWN Richm	ond townsh	in	2 hours	TOWN Ri	chmond		Yes 🗆 No 🛣
11	1-	c. FULL NAME OF (If I	NOT in hospital, give locat	lion)	Inside Limits	d. STREET	(If cu	stside, give location)	Reside on Farm
	1.	HOSPITAL OR INSTITUTION Ra	y County Ho	ospital	Yes 🛭 No 🕞	ADDRESS 7 mile	s SW Ric	chmond, Mo	O . Yes X No □
\Box	1	3. NAME OF DECEASED (Type or print)	First	N	Niddle	Last	4. DATE OF	Month Da	y Year
	1_	(турс стр)	Maurice		Briz	endine	DEATH AU	igust 6,	1960
		5. SEX	6. COLOR OR RACE	7. Married X Widowed			1	thday) IF UNDER 1 Y Months Da	
	1 -	Male	White	[9/19/191	1 48	10 27	OF WHAT COUNTRY
		Farming & F			MISINESS OK INDUSTI	1	•		
1	1-	Parming & F	Tant worke	13b. MC	THER'S MAIDEN NA	Ray Coun		SOUTI ME OF HUSBAND OR V	USA
	-	John Brizer 15. was deceased ever		16. SO	<u>na Hankin</u> cial security no.	IS INFORMANT	Luc	ille Will	1 ams
		(Yes, no, or unknown) (If	yes, give war or dates of s	ervice)	-07- 5692	1	illa Bri	gandina E	Richmond . Mo
<u> </u>	. I -	1 18. CAUSE OF DEATH	(Enter only one cause per	line for (a), (b),		Tritis Luc	TTTe Dir	Zenarne . n	INTERVAL BETWEEN
DOCIMEN		PART I.	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		· oN MY	Ocelusi	on		ONSET AND DEATH
		which ga above of stating ti	ns, if any, pre rise to tause (a), he under-suse last. DUE TO (c	,					
	2		OTHER SIGNIFICANT Co	ONDITIONS CON	ITRIBUTING TO DEA	TH but not related to	the terminal		ed was female was egnancy in last 90 days.
	2	5					ļ	☐ Yes	□ Nr □ Unknown
	CEPTIFICATION		20s. ACCIDENT SUICIDE	HOMICIDE	20b. DESCRIBE HO	OW INJURY OCCURRED.	. (Enter nature of i	njury in PART I or PAR	RT II of item 18.)
	E) CA	20c. TIME OF Hour INJURY a.m. p.m.	Month, Day, Year		<u> </u>				
	2	20d. INJURY OCCURRE WHILE AT WORK NOT WHILE AT W	☐ farm, f	OF INJURY (e.g. actory, street, off		20f. CITY, TOWN, OR	LOCATION	COUNTY	STATE
		21. I attended the dec	eased from	77-59 2:20	, to m on t	6-65 and	I last saw her live		-
Į.		22a. SIGNATURE		or title)		22b. ADDRESS R:Lh	oxfs &	200	22c. DATE SIGNED
FFIDAV	Burial 8:-(8-1960 Richmond Memory Gardens Richmond						ty, town, or county) and Mis	(State)	
A VA		Thomas J.		chmond.	1 2	3-1961	7000	hel on el) Paris
1	1 -	TITOHIGO 01	Our DOL TILL		sed Embalmer's State		PULCE	purp	



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by	, Student Embalmer No
working under my personal supervision.	Signed Thomas g. Caster
Student	Signed homas y. Carles
Signature of Student Embalmer	
	Licensed Embalmer Nol44714

P. O. Address Richmond, Mo

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