

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019263
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 264

FILED MAY 21 1962

1. PLACE OF DEATH
 a. COUNTY JASPER
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN Length of stay in 1b 1 month
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hosp. Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE KANSAS b. COUNTY CHEROKEE
 c. CITY OR TOWN GALENA Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) P.F.D. #1 Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last
ABBIE BRISBIN

4. DATE OF DEATH Month Day Year
MAY 16 1962

5. SEX FEMALE **6. COLOR OR RACE** WHITE **7. Married** Never Married Widowed Divorced

8. DATE OF BIRTH 6-8-1877 **9. AGE (last birthday)** 84 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Housewife **10b. KIND OF BUSINESS OR INDUSTRY** HOME **11. BIRTHPLACE** (City and state or country) Boonville Iowa **12. CITIZEN OF WHAT COUNTRY** U.S.A.

13a. FATHER'S NAME DAVIDSON **13b. MOTHER'S MAIDEN NAME** Unknown **14. NAME OF HUSBAND OR WIFE** John BRISBIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No **16. SOCIAL SECURITY NO.** --- **17. INFORMANT** Mrs. Isabel Bruce Galena RI Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL INFARCTION
 DUE TO (b) FRACTURE LT. FEMORAL NECK, POST OPERATIVE
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

INTERVAL BETWEEN ONSET AND DEATH LESS THAN 1 HR.

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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO **20a. ACCIDENT** **SUICIDE** **HOMICIDE** **20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)
FELL AT HOME HIP PINNED AT ST. JOHNS HOSPITAL JOPLIN
BECAME INFECTED AFTER LEAVING HOSPITAL PIN REMOVED
ABSCESS FORMATION FOLLOWED.

20c. TIME OF INJURY Hour Month, Day, Year
 s.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK **20e. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME **20f. CITY, TOWN, OR LOCATION** GALENA KANSAS RT. 1 COUNTY CHEROKEE STATE KANS.

21. I attended the deceased from 2-22-62 to 5-16-62 and last saw her alive on 5-16-62
 Death occurred at ST. JOHNS HOSPITAL 6:00 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. W. Hurst, M.D. **22b. ADDRESS** MED. ARTS BLDG. JOPLIN, MO. **22c. DATE SIGNED** 5-17-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal **23b. DATE** 5-19-1962 **23c. NAME OF CEMETERY OR CREMATORY** Hosey Hill Cemetery **23d. LOCATION** (City, town, or county) (State) Weir Kansas

24. FUNERAL DIRECTOR Roy L. Deafelt ADDRESS Galena Kansas **25. DATE RECD. BY LOCAL REG.** 5-17-1962 **26. REGISTRAR'S SIGNATURE** Dove Merriam

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

W. W. HURST, M.D.
USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59

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29950

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99040

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123-0

132-0

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,

~~of~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Roy L. Werselt

Licensed Embalmer No. 4945

P. O. Address Galena Kansas

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.