# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-022747

STATE FILE NUMBER

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 79

FILED JUN 18 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0410
2 0410
3
4 1
5 2
6
7 0
8 2
9 4500
10
11
12 90-0
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

| ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED |
|---|---|---|---|
| | | | |

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY Harrison
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marion Twp. — Length of stay in Ib 50 yr
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at home — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Harrison
c. CITY OR TOWN Rural (Marion Twp) — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Cainsville 6 Mile west — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Mary Middle: Susan Last: Brinigar

4. DATE OF DEATH Month 6 Day 10 Year 1962

5. SEX female
6. COLOR OR RACE white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 6-3-1881
9. AGE (last birthday) 81 — IF UNDER 1 YEAR Months 0 Days 7 — 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 - - - - - - - -
11. BIRTHPLACE (City and state or country) Harrison County, Mo.
12. CITIZEN OF WHAT COUNTRY U. S.

13a. FATHER'S NAME Martin Fitagerald
13b. MOTHER'S MAIDEN NAME Hulda Wardrip
14. NAME OF HUSBAND OR WIFE George

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. do not know
17. INFORMANT Leah Roche, Cainsville, Mo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerosis General — INTERVAL BETWEEN ONSET AND DEATH 20 yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Bronchitis — 25 yr
DUE TO (c)
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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1946, to 6-10-1962 and last saw her alive on 2-15-1962
Death occurred at 3:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W F Broyles (Degree or title) M. D.
22b. ADDRESS Bethany, Mo.
22c. DATE SIGNED 6-11-1962

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6-12-1962
23c. NAME OF CEMETERY OR CREMATORY Cedar Hill
23d. LOCATION (City, town, or county) (State) Blythedale, Mo.

24. FUNERAL DIRECTOR M B Haas — ADDRESS M. B. Haas Bethany, Mo.
25. DATE RECD. BY LOCAL REG. 6-11-1962
26. REGISTRAR'S SIGNATURE Bella Maxey

(Licensed Embalmer's Statement on Reverse Side)

**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_____ Signed M B Haas
Signature of Student Embalmer M. B. Haas

Licensed Embalmer No. 3899

P. O. Address Bethany, 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.