

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037402

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 3-53 Primary Registration District No. 6196 Registrar's No. 21

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 3 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Texas</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Texas</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Licking</u>		Length of stay in 1b <u>17 years</u>		c. CITY OR TOWN <u>Licking</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Res. - Old Salem Rd.</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Old Salem Road</u>
3. NAME OF DECEASED (Type or print) First <u>CLARA</u> Middle <u>M.</u> Last <u>BRIGMAN</u>			4. DATE OF DEATH Month <u>September</u> Day <u>25</u> Year <u>1962</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8/31/87</u>	9. AGE (last birthday) <u>75</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (City and state or country) <u>Dent County, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>William Robnett</u>		13b. MOTHER'S MAIDEN NAME <u>Frances Hodges</u>	
14. NAME OF HUSBAND OR WIFE <u>Kirby (Deceased)</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>Opal Allen</u>		Address <u>Licking, Missouri</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>Cardiac + pulmonary arrest</u>		DUE TO (b) <u>Congestive heart seizure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) <u>cardiovascular renal syndrome</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 Month, Day, Year		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>1960</u> to <u>1962</u> and last saw her/him alive on <u>Sept 25, 1962</u> Death occurred at <u>5:15 p.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>B. J. Myers DO.</u>		22b. ADDRESS <u>Licking, Mo</u>		22c. DATE SIGNED <u>9-27-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rem. & Burial</u>		23b. DATE <u>9/27/62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Berry Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Dent County</u>		STATE <u>Missouri</u>			
24. FUNERAL DIRECTOR ADDRESS <u>Max L. Wapfel Salem, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Sept. 29, 1962</u>		26. REGISTRAR'S SIGNATURE <u>Elnora E. Hesse</u>	

L. Rice Hughes

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 *Max L. Wenzel*

Licensed Embalmer No. 4170

P. O. Address *Salem, 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.