

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24542**

FILED AUG 11 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **131** PRIMARY REG. DIST. NO. **4218** Registrar's No. **181**

420

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Henry</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Windsor</b>		c. LENGTH OF STAY (in this place) <b>10 months</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Windsor</b>		0420
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>702 W. Florence</b>			d. STREET ADDRESS (If rural, give location) <b>702 W. Florence</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>CHARLES</b> b. (Middle) <b>CLAUDE</b> c. (Last) <b>BRIZENDINE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 2 1953</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>April 4, 1883</b>	9. AGE (In years last birthday) <b>70</b>	10. MONTHS <b>70</b>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Centertown, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Benjamin Brizendine</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Shoemaker</b>		13. NAME OF HUSBAND OR WIFE <b>Thula Brizendine</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>490-16-5041</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. P. C. Brizendine</b> ADDRESS <b>Windsor, Mo</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Congestive Heart Failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Disease</b>		3 yrs.
			DUE TO (c)		
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4200</b>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>May 17, 1951</b> , to <b>Aug 2, 1953</b> , that I last saw the deceased alive on <b>Aug 2, 1953</b> , and that death occurred at <b>7:50 p. m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Claude M. Shuber, M.D.</b> (Degree or title)			23b. ADDRESS <b>Windsor, Mo.</b>		23c. DATE SIGNED <b>8/5/53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8-4-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lebo Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Henry County, Missouri</b>
DATE REC'D BY LOCAL REG. <b>Aug 4 53</b>		REGISTRAR'S SIGNATURE <b>Florence Adair</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Huston-Turner</b> ADDRESS <b>Windsor, Mo.</b>	

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 .....

Student Embalmer

Signed \_\_\_\_\_

*William M. Turner*

Licensed Embalmer No. *4648*

P. O. Address *Windsor, 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 this body is not embalmed, fact should be so stated above.