

FILED MAR 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9871

STATE FILE NUMBER

2475-56 Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Monteair</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Monteair</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Walker</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>California 0687</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Caltonumho</u>		Length of stay in lb <u>10 hrs</u>	d. STREET ADDRESS <u>Gen Del</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <u>HAROLD GAY BRIGENDINE</u>			4. DATE OF DEATH Month <u>Jan</u> Day <u>30</u> Year <u>56</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan 29 '56</u>	9. AGE (In years last birthday)	10. IF UNDER 1 YEAR Months <u>10</u> Days <u>10</u> Hours <u>10</u> Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>California Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13. FATHER'S NAME <u>Ira Brigendine</u>			14. MOTHER'S MAIDEN NAME <u>Viola Sanders</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)		16. SOCIAL SECURITY NO. <u>7544</u>	17. INFORMANT <u>Ira Brigendine</u> 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) <u>Congenital heart cyrosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1/29/56</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					7544		
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 <u> </u> Month <u> </u> Day <u> </u> Year <u> </u> a. m. <u> </u> p. m. <u> </u>							
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>Jan 29, 56</u> to <u>Jan, 30 '56</u> and last saw her/him alive on <u>Jan 30 '56</u> Death occurred at <u>2 P</u> m on the date stated above; and to the best of my knowledge from the causes stated.							
22a. SIGNATURE <u>R. J. Bonion D.O.</u> (Degree or title)			22b. ADDRESS <u>California Mo</u>		22c. DATE SIGNED <u>1/29/56</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>1/31/56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Old Town Cem</u>		23d. LOCATION (City, town, or county) <u>California Mo</u>		(State)	
24. FUNERAL DIRECTOR <u>Carl Bowlin</u> ADDRESS <u>California Mo</u>		25. DATE RECD. BY LOCAL REG. <u>2/1/56</u>		26. REGISTRAR'S SIGNATURE <u>W. L. Papey</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Not Embalmed*

Licensed Embalmer No.....

P. O. Address.....

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