FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 5 1948

Registration District No. 224

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33564

Primary Registration District No. 3046

Registrar's No. 36

1. PLACE OF DEATH:
(a) County Moniteau Co
(b) City or town California, Mo Walker
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Gen Del
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 22 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Moniteau
(c) City or town California, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Gen Del
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Hattie Belle Brizendine
3. (b) If veteran, name war No
3. (c) Social Security No. 490.32.2926
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Earl E. Brizendine
6. (c) Age of husband or wife if alive 33 years
7. Birth date of deceased Jan (Month) 24 (Day) 1918 (Year)

8. AGE: Years 30 | Months 8 | Days 18 | If less than one day ... hr. ... min.

9. Birthplace Phelps Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation House Wife
11. Industry or business

FATHER
12. Name Arther Carroull
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lula Kahidy
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Earl E. Brizendine
(b) Address California, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/14/1948 (Month) (Day) (Year)
(c) Place: burial or cremation City Cemt. California
18. (a) Signature of funeral director Bowlin Funeral Home
(b) Address California, Mo
19. (a) 10-15-48 (Date received local registrar) (b) H. R. Popejoy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 12 year 1948 hour 10 minute # A.M.

21. I hereby certify that I attended the deceased from Oct 1, 1948 to Oct 12, 1948 that I last saw her alive on Oct 12, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bacterial endocarditis	
Due to Infected Gallbladder	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature E. J. Bowlin (M. D. or other) D.O.
Address California, Mo Date signed 10/12/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed NOV 4 1948

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 James M. Foley Registered Apprentice No. 219 working under my personal supervision.

Signed Earl R. Boulin

Licensed Embalmer No. 2126

P. O. Address Calipatria Calif

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.