

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15623**
Registrar's No. **586**

FILED JUN 4 1951

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

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|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 0117 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 712 Powell St. | | d. STREET ADDRESS (If rural, give location) 712 Powell Street 0 | |

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|---|---------------------------------|--|---|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth b. (Middle) Ann c. (Last) Brigham | | | 4. DATE OF DEATH (Month) (Day) (Year) May 28 51 | | |
| 5. SEX Female | 6. COLOR OR RACE Wht. | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Aug. 22, 1865 | 9. AGE (In years last birthday) 85 | IF UNDER 1 YEAR Months Days 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) New Point, Missouri 0 | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | | |

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|---|--|--|--|---|--|
| 13a. FATHER'S NAME Robert Cain | | 13b. MOTHER'S MAIDEN NAME Booker | | 14. NAME OF HUSBAND OR WIFE Charles W. Brigham | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Kenneth Brigham Kansas City Mo. | |

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|---|--|--|--|----------------|
| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocardial Insufficiency | | INTERVAL BETWEEN ONSET AND DEATH unknown | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis General | | | unknown |
| | DUE TO (c) | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 4221 | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.) | 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 **April 19, 1951**, to **May 28, 1951**, that I last saw the deceased alive on **May 28, 1951**, and that death occurred at **2:30 p.m.**, from the causes and on the date stated above.

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|--|--|--|---|------------------------------------|
| 23a. SIGNATURE (Degree or title) Registrar | | 23b. ADDRESS W. A. Knaptrich, P.O. Box 210, St. Joseph, Mo. | | 23c. DATE SIGNED 5-29-51 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | 24b. DATE 5/31/51 | 24c. NAME OF CEMETERY OR CREMATORY New Point Mo. Cemetery | 24d. LOCATION (City, town, or county) (State) New Point Mo. | |
| DATE REC'D BY LOCAL REG. June 2, 1951 | REGISTRAR'S SIGNATURE Carl E. Casper | FUNERAL DIRECTOR'S SIGNATURE ADDRESS St. Joseph Funeral Home 2335 St. Joseph, Ave. | | |

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

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

John Roy Plummer

Licensed Embalmer No. *24351*

P. O. Address *H. Joseph*

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.