

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34899**
Registrar's No. **4543**

FILED NOV 8 1952
BIRTH NO. **68221**

REG. DIST. NO. **149**

PRIMARY REG. DIST. NO. **1002**

Registrar's No. **4543**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City	c. LENGTH OF STAY (In this place) Life	c. CITY (If outside corporate limits, write RURAL and give township) Olathe	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hosp.		d. STREET ADDRESS (If rural, give location) 114 North Brockway (Province Village)	

3. NAME OF DECEASED (Type or Print) Infant			4. DATE OF DEATH (Month) (Day) (Year) Oct. 16, 1952	
a. (First)	b. (Middle)	c. (Last) Brigance	5. SEX Female	6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Child	8. DATE OF BIRTH Oct. 16, 1952	9. AGE (In years last birthday) 2	IF UNDER 1 YEAR Months 2	IF UNDER 24 HRS. Days 2 Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Mo. U	
12. CITIZEN OF WHAT COUNTRY U.S.A.				

13a. FATHER'S NAME Clyde Brigance		13b. MOTHER'S MAIDEN NAME Wilma Dobbins		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Clyde Brigance, Olathe, Kas.			
15. (If yes, give year or dates of service) No	16. (If yes, give year or dates of service) No	17. ADDRESS			

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) meningoencephalitis		INTERVAL BETWEEN ONSET AND DEATH 2 hrs.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		75%	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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 **10/16, 1952**, to **10/16/52**, that I last saw the deceased alive on **10/16, 1952** and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE [Signature]		23b. ADDRESS 1103 9th St		23c. DATE SIGNED 10/17/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal (auto)	24b. DATE 10-18-52	24c. NAME OF CEMETERY OR CREMATORY McCullough Cem. Trappett, Mo.	24d. LOCATION (City, town, or county) (State)		

DATE REC'D BY LOCAL REG. 10-18-52	REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Thos. E. Quirk		
			ADDRESS 4316 Troost Ave.		

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.