

FILED JUL 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23206

State File No. 268

Registrar's No. 268

BIRTH NO. REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) Independence
c. LENGTH OF STAY (in this place) 1 yr.

c. CITY OR TOWN Independence
d. Is residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Independence Sanitarium
STREET ADDRESS (If rural, give location) 2329 South Crystal 7005

3. NAME OF DECEASED (Type or Print)
a. (First) Russell b. (Middle) E. c. (Last) Brownrigg Jr
4. DATE OF DEATH (Month) (Day) (Year) July - 5 - 1954

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Sept. 11 - 1926 9. AGE (In years last birthday) 27 9M 24D

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk
10b. KIND OF BUSINESS OR INDUSTRY Air lines
11. BIRTHPLACE (City and State or Foreign Country) Independence - Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Russell Brownrigg Sr.
13b. MOTHER'S MAIDEN NAME Flossie Martin
14. NAME OF HUSBAND OR WIFE Barbara Brownrigg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and date of service) yes U.S. # 2
16. SOCIAL SECURITY NO. 490-24-4087
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Barbara Brownrigg Indep - Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute anterior poliomyelitis (Spino - Bulbar)
INTERVAL BETWEEN ONSET AND DEATH 6 days
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
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.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 0800
20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/30, 1954, to 7/5, 1954, that I last saw the deceased alive on 7/5, 1954, and that death occurred at 5:40 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. J. Dalton, MD 23b. ADDRESS East St. Independence, Mo 23c. DATE SIGNED 7/6/54

24a. BURIAL, CREMATION, OR REMOVAL (Specify) Removal 24b. DATE July - 7 - 54 24c. NAME OF CEMETERY OR CREMATORY Rose Hill 24d. LOCATION (City, town, or county) (State) Lamoni - Iowa

DATE REC'D BY LOCAL REG. 7-7-54 REGISTRAR'S SIGNATURE James [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Roland T. Speaks Indep. Mo

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

JUL 23 19

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.....
Signature of Student Embalmer

Signed *Raymond M. Hardy*.....

Licensed Embalmer No. *491*

P. O. Address *Indep. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.