

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8080

STATE FILE NUMBER

FILED APR 9 - 1956

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 373

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Buchanan</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>St. Joseph</b>                             |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <b>St. Joseph</b><br>0110<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION<br><b>Buchanan County Jail</b> |  | Length of stay in lb<br><b>40 yrs</b>   | d. STREET ADDRESS (If outside, give location)<br><b>413 No. 6th Street</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

|   |                                  |  |  |  |  |
|---|----------------------------------|--|--|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First <b>HARRISON</b> Middle <b>L</b> Last <b>BRELSFORD</b>                            |                                  |  | 4. DATE OF DEATH<br>Month <b>March</b> Day <b>31</b> Year <b>1956</b>    |  |  |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br><b>WIDOWED</b> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Nov. 8, 1894</b>                                  | 9. AGE (In years last birthday)<br><b>61</b><br>IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Min. _____ |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Laborer</b>                 |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Common</b>   | 11. BIRTHPLACE (City and state or country)<br><b>Blair Rapids Kansas</b> |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U S A</b> |
| 13. FATHER'S NAME<br><b>Volney D. Brelsford</b>   |                                  |  | 14. MOTHER'S MAIDEN NAME<br><b>LuVern Limon</b>                          |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yrs, give war or dates of service)<br><b>Yes W.W.#1</b> |                                  | 16. SOCIAL SECURITY NO.<br><b>491-10-8558</b>  | 17. INFORMANT Address<br><b>Darrell Brelsford St. Joseph, Mo.</b>        |  |  |

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|--|--|---|
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cerebral Vascular accident</b>                           |  | INTERVAL BETWEEN ONSET AND DEATH  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>signed as an unattended death in the</b><br>DUE TO (c) <b>city of St. Joseph</b> |  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 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<br>Hour _____ a. m. _____ p. m. _____<br>Month _____ Day _____ Year _____             |  |  |  |  |  |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 20d. INJURY OCCURRED<br>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 signed the deceased <b>viewed</b> <del>took</del> on <b>3-31-56</b> , to <b>Richard L. Maguire, M.D. assistant city health officer</b> and last saw <del>her</del> <sup>him</sup> alive on _____<br>Death occurred at <b>11:00 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated. |  |   |  |   |  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 21a. SIGNATURE (Degree or title)<br><b>Richard L. Maguire, M.D. assistant city health officer</b> |  | 21b. ADDRESS<br><b>Physician - Citizens Bldg. 216</b>      |  | 21c. DATE SIGNED<br><b>3-31-56</b>                                  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |  | 23b. DATE<br><b>April 3, 1956</b>                          |  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Memorial Park Cemetery</b> |  |
|   |  | 23d. LOCATION (City, town, or county)<br><b>St. Joseph</b> |  | (State)<br><b>Missouri</b>  |  |

|  |  |                                   |  |   |  |
|--|--|-----------------------------------|--|---|--|
| 24. FUNERAL DIRECTOR<br><b>Stamey Funeral Home</b> |  | ADDRESS<br><b>St. Joseph, Mo.</b> |  | 25. DATE RECD. BY LOCAL REG.<br><b>April 5, 1956</b>  |  |
|  |  |                                   |  | 26. REGISTRAR'S SIGNATURE<br><b>Catharine Allison</b> |  |

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300 1-56

All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

MEDICAL CERTIFICATION

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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 *Charles E. Bennett*.....

Licensed Embalmer No. *4167*

P. O. Address *St. Joseph*.....

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.