

No. 300
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FILED MAR 19 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5134 Registrar's No. 295

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 town) Washington Twp., Rural
c. LENGTH OF STAY (In this place) Most life

c. CITY OR TOWN St. Joseph
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Buchanan County Childrens Home RR #3

e. STREET ADDRESS (If rural, give location) R.R.#3

3. NAME OF DECEASED (Type or Print)
a. (First) CHARLES b. (Middle) FRANK c. (Last) BRIGHAM

4. DATE OF DEATH (Month) (Day) (Year)
Mar. 10 1956

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced

8. DATE OF BIRTH Jan. 7, 1889

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Foreman

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (City and State or Foreign Country) Forest City, Missouri

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Charley Wesley Brigham

13b. MOTHER'S MAIDEN NAME Elizabeth Ann Cain

14. NAME OF HUSBAND OR WIFE Mae (Divorced)

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. 491-09-8118

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Chester F. Brigham Rushville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Mitral Insufficiency
INTERVAL BETWEEN ONSET AND DEATH 4-5 days
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) Injury from fall out of window
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 none

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Buch. Co. Childrens Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Washington Twp. Buchanan Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) March 10, 1956 ?A m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? sleeping air & fell from window

22. I hereby certify that I attended the deceased from Mar. 6th, 1956, to Mar. 10th, 1956, that I last saw the deceased alive on Mar. 6th, 1956, and that death occurred at 5:30A m., from the causes and on the date stated above.

23. SIGNATURE (Type or Print) B. W. Toalrock M.D.

23b. ADDRESS 703 So. 13th St. Joe Mo

23c. DATE SIGNED Apr. 10th 1956

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 3-12-56

24c. NAME OF CEMETERY OR CREMATORY New Point Cemetery

24d. LOCATION (City, town, or county) (State) New Point Missouri 1956

DATE REC'D BY LOCAL REG. Mar 15, 1956

REGISTRAR'S SIGNATURE Cather M. Allison

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stamey Funeral Home St. Joseph, Mo.

ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

85

JUL 26 1958

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. *44-27*

P. O. Address *St. Joseph, N.J.*

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.