

FILED JUN 19 1956  
Dr. W. W. [unclear]

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22524

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 6152 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before institution) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY OR TOWN <u>Dexter Rural</u> c. LENGTH OF STAY (in this place) <u>3 yrs.</u>		c. CITY OR TOWN <u>Dexter Rural</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt 1 Dexter</u>		e. STREET ADDRESS (If rural, give location) <u>1020</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>Taylor</u> c. (Last) <u>Brigman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-11-56</u>	
5. SEX <u>Male</u> 6. COLOR OF SKIN <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>8-6-1901</u>		9. AGE (In years last birthday) <u>54</u>	
10a. USUAL OCCUPATION (Give kind of work done during most working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Mississippi</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William H. Brigman</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Hubert Brigman</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>Quitman R. Brigman Dexter #1</u>	
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) <u>Septicemia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Thrombo-phlebitis, right thigh with necrosis</u> <u>36 days</u>	
ANTECEDENT CAUSES		DUE TO (c) <u>Carcinoma, rectum</u> <u>15 months</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>154X</u>	
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 <u>4 June, 1956</u> to <u>11 June, 1956</u> , that I last saw the deceased alive on <u>9 June, 1956</u> and that death occurred at <u>2:20 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Charles S. Williams</u> (Degree or title) <u>M.D., Malden, Mo.</u>		23b. ADDRESS <u>Malden, Mo.</u>	
23c. DATE SIGNED <u>11 June 56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Funeral</u>	
24b. DATE <u>6-12-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Christians Church</u>	
24d. LOCATION (City, town, or county) (State) <u>Berne Rural Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. F. Huff</u> ADDRESS <u>Berne, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-15-56</u>		REGISTRAR'S SIGNATURE <u>Delmar J. Jenkins</u>	

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

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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 *Raymond L. Duffie*

Licensed Embalmer No. *479*

P. O. Address *Berne, 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.