

**MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-61-044512**

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6404 STATE FILE NUMBER

**FILED JAN 8 1962**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in 1b <b>16 years</b>	c. CITY OR TOWN <b>Kansas City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Queen of the World Hosp</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>2832 Wabash</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>LINDSEY N. BRIGHAM</b>			4. DATE OF DEATH Month Day Year <b>12 18 1961</b>			
--	--	--	--	--	--	--

5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6-14-1897</b>	9. AGE (last birthday) <b>64</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
--------------------	-------------------------------	---	-----------------------------------	----------------------------------	--	----------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Chef</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>	11. BIRTHPLACE (City and state or country) <b>Monroe, La.</b>	12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>
---	---	---	---

13a. FATHER'S NAME <b>Lindsey Brigham</b>	13b. MOTHER'S MAIDEN NAME <b>Bertie</b>	14. NAME OF HUSBAND OR WIFE <b>Ethel E. Brigham</b>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	17. INFORMANT Address <b>Mrs. Ethel E. Brigham, K. C., Mo.</b>
--	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b> INTERVAL BETWEEN ONSET AND DEATH <b>30 min</b>	
Conditions, if any, which gave rise to above cause (b), stating the underlying cause last.	DUE TO (b) <b>myocardial arteriosclerosis</b> <b>34 months</b>
	DUE TO (c) <b>General arteriosclerosis</b> <b>3 yrs</b>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Rt Bundle Branch Block 34 mo.</b>	PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
--	--

19. WAS AUTOPSY PERFORMED? 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 Hour a.m. p.m. Month, Day, Year
---

20d. INJURY OCCURRED 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 attended the deceased from <b>Feb 13-1959</b> to <b>12-18-61</b> and last saw <sup>her</sup> him alive on <b>12-16-61</b> Death occurred at <b>10:45</b> a. m on the date stated above, and to the best of my knowledge, from the causes stated.
---

22a. SIGNATURE (Degree or title) <b>Leo A. O'Brien M.D.</b>	22b. ADDRESS <b>1002 arroyo-306E12 K.C. Mo</b>	22c. DATE SIGNED <b>12-19-61</b>
---	--	----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12-23-1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lincoln</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>
---	-----------------------------	---	--

24. FUNERAL DIRECTOR ADDRESS <b>Brown-Hudson, Kansas City, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>12-21-61</b>	26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>
--	--	--

(Licensed Embalmer's Statement on Reverse Side)

DATE AWARDED BY AFFIDAVIT OF MEDICAL CERTIFICATION SHOULD READ A. O'Brien

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Millard B. Park

Licensed Embalmer No. 5013

P. O. Address K. C. 7

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.