

FILED SEP 2 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **28319**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 221 PRIMARY REG. DIST. NO. 5793 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY <u>MONITEAU</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MONITEAU</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>JAMESTOWN Mo 2 yrs</u>		c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL LINN Mo 80</u>		d. STREET ADDRESS (If rural, give location) <u>JAMESTOWN, MO.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>(RURAL) LINN</u>					

3. NAME OF DECEASED (Type or Print) <u>ISAAC FRANKLIN BRIZENDINE</u>			4. DATE OF DEATH <u>8-25-1954</u>		
a. (First)	b. (Middle)	c. (Last)	Date (Month) (Day) (Year)		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Nov-26-1897</u>	9. AGE (In years last birthday) <u>76</u>	If UNDER 1 YEAR: Months <u>8</u> Days <u>29</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LABORER</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MO</u>		12. COUNTRY OF WHAT COUNTRY? <u>US</u>

13a. FATHER'S NAME <u>Joel BRIZENDINE</u>	13b. MOTHER'S MAIDEN NAME <u>NANCY JANE EPPS</u>	14. NAME OF HUSBAND OR WIFE <u>MAUDE BRIZENDINE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>499-18-455</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Newton Brizendine Brizendine</u>	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Bronchitis</u>		INTERVAL BETWEEN ONSET AND 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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) <u>Jamestown Moniteau MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR _____
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22. I hereby certify that I attended the deceased from Aug 14, 1954 to Aug 25, 1954, that I last saw the deceased alive on Aug 31, 1954, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. H. Brinson</u>	(Degree or title) _____	23b. ADDRESS <u>506 California, Mo.</u>	23c. DATE SIGNED <u>8/27/54</u>
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24a. BURIAL/CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>8-29-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. ZION CEM</u>	24d. LOCATION (City, town, or county) (State) <u>NEAR JAMESTOWN, MO.</u>
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DATE REC'D BY LOCAL REG. <u>8-30-54</u>	REGISTRAR'S SIGNATURE <u>W. L. Popy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Calbert Hornbeck</u>	ADDRESS <u>Prarie Home</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

7ms

9/17 2 14

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 \_\_\_\_\_  
Student Embalmer

Signed G. Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Prairie Home

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 this body is not embalmed, fact should be so stated above.