

FILED APR 15 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

STATE FILE NUMBER

124

68 0011971

CERTIFICATE OF DEATH

DO NOT WRITE
ON THIS STUB

VS 300

Rev. 1/68

Registration District No. 149Primary Registration District No. 1002Registrar's No. 1997

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF BIRTH (MONTH, DAY, YEAR)
1. Sallie D Brizendine		Female	March 3 1968
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS) MOS. DAYS	UNDER 1 YEAR	DATE OF BIRTH (MONTH, DAY, YEAR)
4. White	50 58	UNDER 1 DAY	August 8 1909
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	
7. Kansas City, Mo		7. Kansas City Osteopathic Hospital	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY	
8. Missouri		U.S.A.	
SOCIAL SECURITY NUMBER		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	
12. 487-22-0456		Married	
USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
13. House Wife		11. Earl E. Brizendine	
RESIDENCE—STATE		KIND OF BUSINESS OR INDUSTRY	
14. Missouri		13b. Own Home	
CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER	
14c. Kansas City, Mo	14d. Yes	14e. 7018 S. 28th	
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST	
15. Minor Murphy		16. Annie Bell Cannady	
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
17a. Earl E. Brizendine		17b. 7018 S. 28th Kansas City, Mo-64129	
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]	
18. IMMEDIATE CAUSE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
(a) Myocardial Infarction		5 minutes	
DUE TO, OR AS A CONSEQUENCE OF:			
(b) Coronary Thrombosis		1 hour	
DUE TO, OR AS A CONSEQUENCE OF:			
(c) Emboli			
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		AUTOPSY (YES OR NO) 19. NO	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.	
DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	
20a.	20b.	20c. M. 20d.	
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	
21a.	21b.	21c.	
CERTIFICATION—PHYSICIAN:	MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HER ALIVE ON MONTH DAY YEAR
21a. I ATTENDED THE DECEASED FROM Nov 30 1963 TO March 30 1968	21b. March 30 1968	21c. March 30 1968	21d. March 30 1968
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH	
22a.		22b. 1:30 P	
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE	
23a. Harry B. Munshaw		23b. Harry B. Munshaw D.O.	
MAILING ADDRESS—CERTIFIER		DEGREE OR TITLE	
23d. 4219 Blue Ridge Blvd Kansas City Missouri		23c. 5 April 68	
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION CITY OR TOWN STATE	
24a. Burial	24b. New Hope Cemetery	24c. Rural-Centertown, Mo	
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS	STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP	
24d. 4/5/68	24e. Bowlin Funeral Home-1005 Oak-California, Mo-65018	24f.	
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE	
25a. Earl R. Bowlin		25b. Luther C. Bay	
DATE RECEIVED BY LOCAL REGISTRAR		25c. 4-5-68	

USUAL RESIDENCE WHERE DECEASED DIED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

Item #3 by affidavit of Funeral Director

APR 19 1968

40-1-2560

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

James E. Lemon

Licensed Embalmer No. 5409

P. O. Address

Kansas City, Kansas

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.