

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 348

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 157

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 township) OR TOWN St. Joseph, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph, Mo.	
c. LENGTH OF STAY (In this place) 28 Yrs.			
d. FULL NAME OF HOSPITAL OR INSTITUTION 610 East Colorado Ave.		d. STREET ADDRESS (If rural, give location) 610 East Colorado Ave.	

3. NAME OF DECEASED (Type or Print) Joseph	a. (First)	William	b. (Middle)	Van Briggles	c. (Last)	4. DATE OF DEATH	(Month) Febr.	(Day) 3	(Year) 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 28 1881	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Tipton Co. Indiana	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Ira Van Briggles	13b. MOTHER'S MAIDEN NAME Mary E. Cox	14. NAME OF DECEASED OR WIFE Anna M.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	(If yes, give year or dates of service) World War #1	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Anna M. VanBriggles	ADDRESS 610 E. Colo
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion		1 day
	ANTECEDENT CAUSES DUE TO (b) Chronic Angina Pectoris		2 years
DUE TO (c) Chronic Frontal and Maxillary sinus infection		4 to 20 years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Man died suddenly at his home in bed, without known recent serious illness or debility, other than frequent attacks of indigestion with pain in his chest and left arm and elbow.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) St. Joseph, Mo. (STATE)
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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? 3
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I hereby certify that I attended the deceased from Feb 4th 1949, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:45A m., from the causes and on the date stated above.

23a. SIGNATURE H F Mundy M.D., Coroner	(Degree or title)	23b. ADDRESS St. Joseph, Mo. - 404 So 3d St	23c. DATE SIGNED 2-4-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 7 1949	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	24d. LOCATION (City, town, or county) St. Joseph, Mo. (State)
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DATE REC'D BY LOCAL REG. Feb. 7, 1949	REGISTRAR'S SIGNATURE G. C. Jenkins	382	25. FUNERAL DIRECTOR'S SIGNATURE Norman W. S. Sander	ADDRESS 1802 Union St
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed.....

Robert H. Gable

Licensed Embalmer No.

3308

P. O. Address.....

St Joseph, Mo.

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.