

FILED SEP 26 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 29724

BIRTH NO. _____ REG. DIST. NO. 3 PRIMARY REG. DIST. NO. 4097 Registrar's No. 142

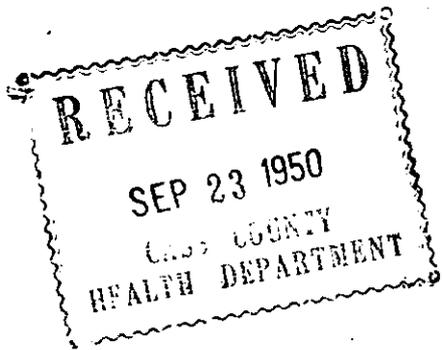
1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Cass</u>	
b. CITY OR TOWN <u>Harrisonville</u>		c. CITY OR TOWN <u>Harrisonville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hill Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>303 King Ave</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>JAMES</u> c. (Last) <u>B. BRIGGS</u>		DATE OF DEATH (Month) (Day) (Year) <u>Sept 16 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED NEVER MARRIED, WIDOWED/DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 26-1884</u>
9. AGE (In years last birthday) <u>65</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>In Suit & Radiator Repair</u>	11. BIRTHPLACE (State or foreign country) <u>Farmington Iowa</u>
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>W. Briggs Jr</u> ADDRESS <u>Harrisonville Mo</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>2 Broncho pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Post operative Hypertrophic PROSTATITIS</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: <u>1010X</u>	
19a. DATE OF OPERATION <u>9-12-50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Enlarged PROSTATE</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT <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>Aug 1947</u> , to <u>Sept. 16, 1950</u> , that I last saw the deceased alive on <u>Sept. 16, 1950</u> , and that death occurred at <u>5A m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Deceased or Title) <u>[Signature]</u>		23b. ADDRESS <u>Harrisonville Mo</u>	
23c. DATE SIGNED <u>Sept. 18 1950</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 17-1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Oriental Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Harrisonville Mo</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 18, 1950</u>		REGISTRAR'S SIGNATURE <u>Laura J. Jones</u>	
51		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Harrisonville</u>	

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

4. B

0190

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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 _____

B. J. Lindley

Student Embalmer No. *269*

working under my personal supervision.

Student *B. J. Lindley*
Student Embalmer

Signed *Ernest Remmerbayer*
Licensed Embalmer No. *3368*

P. O. Address *Harrisonville 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.