

FILED JAN 9 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41204

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 136 PRIMARY REG. DIST. NO. 2001 Registrar's No. 591

0495

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

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		c. LENGTH OF STAY (in this place) <u>15 yrs</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		d. STREET ADDRESS (If rural, give location) <u>401 N. Conner Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LELA</u>		b. (Middle) <u>MAY</u>	
		c. (Last) <u>BRISCOE</u>	
		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 31, 1950</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 12, 1877</u>
			9. AGE (In years last birthday) (Months) (Days) <u>73</u>   <u>8</u>   <u>19</u>
			IF UNDER 1 YEAR Hours   Min. <u>19</u>   <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	
		11. BIRTHPLACE (State or foreign country) <u>near Cleburne, Texas. /</u>	
		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James M. Wasson</u>		13b. MOTHER'S MAIDEN NAME <u>Rachel Ann Sons</u>	
		14. NAME OF HUSBAND OR WIFE <u>John Wiley Briscoe</u>	
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>none</u>	
		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Beryl Briscoe, 401 N. Conner, Joplin, Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Leptoplegia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
		INTERVAL BETWEEN ONSET AND DEATH <u>4 wks</u>	
		<u>3 30/A</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <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>1947</u> to <u>Dec 31, 1950</u> , that I last saw the deceased alive on <u>Dec 31, 1950</u> , and that death occurred at <u>4:00 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Ernest Mitchell</u>		23b. ADDRESS <u>Frisco Bldg - Joplin Mo</u>	
		23c. DATE SIGNED <u>1-2-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Jan 4, 1951</u>	
		24c. NAME OF CEMETERY OR CREMATORY <u>Exeter Cemetery</u>	
		24d. LOCATION (City, town, or county) (State) <u>Exeter Missouri</u>	
DATE REC'D BY LOCAL REG. <u>1-4-51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	
		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Knell Mortuary Carthage, Mo.</u>	

RECEIVED 1-8-51  
Jasper County Health Office  
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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

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

Signed Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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.