S. No. 300
v. 10.48

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Rev. Harrison

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 14 1952

State File No. 41973

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 598

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (In this place): 6 WKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JASPER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
d. STREET ADDRESS (If rural, give location): ROUTE 3

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3. NAME OF DECEASED (Type or Print): a. (First) JAMES b. (Middle) PAUL c. (Last) BRIGGS

4. DATE OF DEATH (Month) 12 (Day) 29 (Year) 51

5. SEX: M.O

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED.2

8. DATE OF BIRTH: 1/13/1879

9. AGE (In years last birthday): 72 | If under 1 year: Months, Days | If under 1 hr.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired): RETIRED R.R WORKER-

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): SHELDON MISSOURI

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: W. W. BRIGGS

13b. MOTHER'S MAIDEN NAME: NINA ROSS

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO | (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME: Walter Briggs — ADDRESS: 317 W 10th

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Chronic Parenchymatous Nephritis — INTERVAL BETWEEN ONSET AND DEATH: Not Known

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: 591X

20. AUTOPSY? YES ☐ NO ☐

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 28, 1951 *to* Dec 29, 1951, *that I last saw the deceased alive on* Dec 29, 1951, *and that death occurred at* 12 m., *from the causes and on the date stated above.*

23a. SIGNATURE R. M. Stormont (Degree or title) MD **23b. ADDRESS** Webb City Mo **23c. DATE SIGNED** 1/31/51

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL **24b. DATE** 1/2/52 **24c. NAME OF CEMETERY OR CREMATORY** FAIRVIEW **24d. LOCATION** (City, town, or county) JOPLIN (State) MO

DATE REC'D BY LOCAL REG. 1-2-52 — REGISTRAR'S SIGNATURE Ed Hensley 1/3-1 by Dallas Tompkins

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS FURBUR GLOVER MORTUARY

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 1-10-52
Jasper County Health Office
County File Number 52/1/22
Date Filed 1-11-52

APR 17 1952

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. _____

Signed Dale Glover

Licensed Embalmer No. 4543

P. O. Address Joplin, Mo

Signed _____
Student Embalmer

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.