

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42264

State File No. ....

BIRTH NO. ... REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 413

1. PLACE OF DEATH a. COUNTY <u>Marion, Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Center, Missouri</u>	
c. LENGTH OF STAY (in this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering Hospital, m</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Leo</u> b. (Middle) <u>Briggs</u> c. (Last) <u>Briggs</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec, 24, 1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Sept, 7, 1874</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>17</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>George Briggs</u>		13b. MOTHER'S MAIDEN NAME <u>Jennie Flowerree</u>		14. NAME OF HUSBAND OR WIFE <u>Single</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs William Couch Center, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Seriously Arterio-Sclerotic</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-Sclerotic</u> DUE TO (c) <u>Arterio-Sclerotic</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterio-Sclerotic</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
---	--	---	--	--	---

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>		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) m.		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 Dec. 21, 1951, to Dec. 24, 1951, that I last saw the deceased alive on Dec. 24, 1951, and that death occurred at 10:30 A.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. B. Norton, M.D.</u>		23b. ADDRESS <u>Hannibal, Missouri</u>		23c. DATE SIGNED <u>12-29-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-27-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Olivet Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Center, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>1-4-52</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke by W. T. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Center, Mo.</u>	
--	--	---	--	--	--

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

RECEIVED

JAN 2 1952

HEALTH DEPT

DATE FILED

JAN 2 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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Clyde Wilkey*

Licensed Embalmer No. 3820

P. O. Address Perry, Missouri.

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.