

5. No. 300  
10. 48

FILED MAR 31 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8975

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 4290 Registrar's No. 8

0570

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

1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lincoln</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Foley</b>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Foley</b>	d. STREET ADDRESS (If rural, give location) <b>0</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b> b. (Middle) <b>BRADY</b> c. (Last) <b>BRISCOE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>3-24-52</b>		
---	--	--	---	--	--

5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Nov. 10, 1872</b>	9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Hours	IF UNDER 15 MIN. Min.
--------------------	-------------------------------	--	--	---	------------------------	-----------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Foley, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
---	--	-----------------------------------	--	---	--	--	--

13a. FATHER'S NAME <b>Brady Briscoe</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah King</b>		14. NAME OF HUSBAND OR WIFE <b>Elsie Robinson - dead</b>			
--	--	--	--	---	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>707-09-0806</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Lyle Briscoe - Foley, Missouri</b>			
---	--	---	--	--	--	--	--

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, ashenia, 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) <b>Cerebral thrombosis</b>						<b>2 wks</b>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerosis gen</b>						<b>Yes</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 <b>332X</b>				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 3-10, 1950, to 3-24, 1952, that I last saw the deceased alive on 3-20, 1952, and that death occurred at 4 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>[Signature]</i>		23b. ADDRESS <b>ELSBERRY, MO</b>		23c. DATE SIGNED <b>3/25/52</b>	
--	--	-------------------------------------	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3/26/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Corinth Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Foley, Mo.</b>		
--	-----------------------------	---	--	--	--

DATE REC'D BY LOCAL REG. <b>3-28-52</b>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	FEDERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS <b>Elsberry Mo</b>		
--	---	--	-------------------------------	--	--

(Licensed Embalmer's Statement on Reverse Side)

APK 3 1927

**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.

Signed.....



Signed.....

Student Embalmer

Licensed Embalmer No. ....

4012

P. O. Address

Elaberry, 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.