

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. 3074		Registrar's No. 84	
1. PLACE OF DEATH a. COUNTY SCOTT				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY SCOTT 1003			
b. CITY (If outside corporate limits, write RURAL and give township) TOWN SIKESTON		c. LENGTH OF STAY (In this place) 2 1/2 months		c. CITY (If outside corporate limits, write RURAL and give township) TOWN SIKESTON 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION MO. DELTA COMM. HOSPITAL				d. STREET ADDRESS (If rural, give location) 522 MATTHEWS			
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES		b. (Middle) L		c. (Last) Briggs		4. DATE OF DEATH (Month) (Day) (Year) 4 - 14 - 52	
5. SEX MALE ♂		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH SEPT. 13, 1874	
9. AGE (In years last birthday) 77		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -----		10b. KIND OF BUSINESS OR INDUSTRY UNEMPLOYED		11. BIRTHPLACE (State or foreign country) LOUISIANA, MISSOURI 0	
12. CITIZEN OF WHAT COUNTRY? U S A		13a. FATHER'S NAME JOSEPH BRIGGS		13b. MOTHER'S MAIDEN NAME -----		14. NAME OF HUSBAND OR WIFE NORMA SCOTT	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS 522 Matthews NORMA SCOTT BRIGGS, SIKESTON, MO.			
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>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>cirrhosis of liver.</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 10 min.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 5810				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)		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 9-15, 1951, to 4-14, 1952, that I last saw the deceased alive on 4-14, 1952 and that death occurred at 6:15 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>[Signature]</i> 0				23b. ADDRESS SIKESTON, MISSOURI		23c. DATE SIGNED 4-14-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-14-52		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) Sikeston MO	
DATE REC'D BY LOCAL REG. 4-24-52		REGISTRAR'S SIGNATURE Mrs. Glad Hunter		25. FUNERAL DIRECTOR'S SIGNATURE Harry Jones		ADDRESS -----	

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

RECEIVED APR 28 1952
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 452-124

TEST 2 APR 28 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 _____

John Allerton

Signed.....
Student Embalmer

Licensed Embalmer No. 2941

P. O. Address Director

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.