

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **45221**

0600
1

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

11 FEB 26 1953
BIRTH NO. _____ REG. DIST. NO. **195** PRIMARY REG. DIST. NO. **4308** Registrar's No. **11**

1. PLACE OF DEATH a. COUNTY McDONALD		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY McDonald	
b. CITY (If outside corporate limits, write RURAL and give town) NOEL		c. CITY (If outside corporate limits, write RURAL and give township) NOEL	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 0600	
d. FULL NAME OF HOSPITAL OR INSTITUTION		8. DATE OF BIRTH 9-10-1952	
3. NAME OF DECEASED (Type or Print) a. (First) STEPHEN b. (Middle) PAUL c. (Last) BRIGGS		4. DATE OF DEATH (Month) (Day) (Year) 9-11-52	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) N.M.	9. AGE (In years last birthday) 00 IF UNDER 1 YEAR Months 00 Days 06 IF UNDER 24 HRS. Hours 06 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NOT EMPLOYED		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (State or foreign country) NOEL - MO
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME PAUL C. BRIGGS	
13b. MOTHER'S MAIDEN NAME RUTH J. PERRY		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give way or dates of service) U		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME PAUL BRIGGS - NOEL - MO		ADDRESS	
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) Maldysplasia respiratory & thermal centers. 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. 7730	
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)	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 9/10 , 1952, to 9/11 , 1952, that I last saw the deceased alive on 9/11 , 1952, and that death occurred at 5 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE L.A. Fountain (Degree or title) DO		23b. ADDRESS NOEL MO.	23c. DATE SIGNED Feb 18, 53
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 9-11-52	24c. NAME OF CEMETERY OR CREMATORY NOEL -	24d. LOCATION (City, town, or county) (State) NOEL - MO
DATE REC'D BY LOCAL REG. 2-20-53	REGISTRAR'S SIGNATURE Mary H. Henderson	25. GENERAL DIRECTOR'S SIGNATURE A. M. Henderson, Noel, Mo. ADDRESS	

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 H. M. Humphrey Jr.

Licensed Embalmer No. 4988

P. O. Address Noel, 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.