

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14774

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 5592 Registrar's No. 41

1. PLACE OF DEATH  
a. COUNTY Jefferson  
b. CITY (If outside corporate limits, write RURAL and give OR TOWN High Ridge LENGTH OF STAY (in this place) 2 mo  
c. CITY (If outside corporate limits, write RURAL and give OR TOWN High Ridge  
d. FULL NAME OF HOSPITAL OR INSTITUTION Mountain View Nursing Home STREET ADDRESS Meramec Township

3. NAME OF DECEASED (Type or Print) JASPER R BRILEY  
a. (First) Jasper b. (Middle) R c. (Last) BRILEY  
4. DATE OF DEATH (Month) (Day) (Year) 4-28-53

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower 8. DATE OF BIRTH May 28-1880 9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months 10 IF UNDER 12 HRS. Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tobacco Worker 10b. KIND OF BUSINESS OR INDUSTRY Tobacco Factory 11. BIRTHPLACE (State or foreign country) Greenville North Carolina 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME W. L. Briley 13b. MOTHER'S MAIDEN NAME Alice May Fleming 14. NAME OF HUSBAND OR WIFE Hell (King) Briley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. 318-3427 17. INFORMANT'S SIGNATURE OR NAME Mr. William Clouse ADDRESS High Ridge Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
Cardio-Vascular Disease  
\*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.  
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cardio-Vascular Disease  
ANTECEDENT CAUSES DUE TO (b) Asthma, chronic, severe  
DUE TO (c) \_\_\_\_\_  
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  
INTERVAL BETWEEN ONSET AND DEATH 2 yrs many years

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION 241 X 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) \_\_\_\_\_ 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 11-25, 1952, to 4-28, 1953, that I last saw the deceased alive on 4-28, 1953, and that death occurred at 7 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Boyd Ornell, M.D. 23b. ADDRESS Crystal City, Mo 23c. DATE SIGNED 4-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 4/29/53 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem 24d. LOCATION (City, town, or county) (State) Lucas & Hemet Road St Louis 6 Mo

DATE REC'D BY LOCAL REG. 4-29-53 REGISTRAR'S SIGNATURE Gentry R. Tollette 25. FEDERAL DIRECTOR'S SIGNATURE J. M. ... ADDRESS House Springs Mo

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

500  
4

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED MAY 6 1953

MAY 11 1953

JUN 2 9 1953

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 \_\_\_\_\_

*J. M. B. [Signature]*

Signed .....  
Student Embalmer

Licensed Embalmer No. 1470

P. O. Address House Springs 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.